REVIEW.

Medical Evidence relative to the duration of Human Pregnancy, as given in the Gardner Peerage Cause, before the Committee for Privileges of the House of Lords in 1825—6, *with introductory remarks and notes.* By ROBERT LYALL, M.D. F.L.S. &c. 8vo. pp. xxiv.—104. 1826. Burgess & Hill.

WE do not know if it be worth while particularly to notice any evidence which may be adduced to prove, that the ordinary term of human utero-gestation is nine calendar months, since every body knows it, or the opinion that this period is often exceeded, because the *data* upon which it is founded are at best insufficient and questionable, and often palpably erroneous. No fact is better established than the former, and no hypothesis rests upon more uncertain grounds than the latter. "Hic *labor* et inextricabilis error" would be a proper motto to all books or pamphlets on the subject, and an useful monition to committees for privileges, as well as medical witnesses. There can be no doubt, in the present instance, that all evidence was superfluous, for a clearer case of bastardy was never bruited. The facts were these: Lord Alan Hyde Gardner, commanding the *Resolution*, arrived off Portsmouth in the beginning of 1802, and was joined by his lady, who, after remaining with him about three weeks, took her departure for London on the 30th of January. His lordship sailed for the West Indies on the 7th of February, and returned on the 11th of July. On the eighth day of December, his lady was delivered of a child, which appeared to be the fruit of an illicit intercourse with Henry Jadis Esq., since, if legitimate, it must either have come into the world as early as five months, or as late as ten months and a half after impregnation, that is, as the reader will observe by comparing the dates, he must either have been a 135 days' child, or a 311 days' child. The lady was subsequently divorced, but we cannot do better than give the entire narrative in Dr. Lyall's own words:

"From the evidence of a number of witnesses, who were examined in the course of the proceedings, it appears that the late Lord Alan Hyde Gardner was married to Miss Maria Elizabeth Adderley, at Fort St. George, in the East Indies, in 1796:—that the said Maria Elizabeth Adderley bore a child on the 8th of December, 1802, which appeared to be the fruit of an illicit intercourse between her and Henry Jadis, Esq.:—that in the Court of King's Bench, in an action by Lord Alan Hyde Gardner against the said Henry Jadis, Esq., '*for trespass, assault, and criminal conversation with Maria Elizabeth Gardner, the wife of the said Alan Hyde Gardner,*' one thousand pounds damages, besides costs of suit, were awarded:—that, in the Consistory Court of the Bishop of London, a sentence of divorce was obtained by Lord Alan Hyde Gardner, against Maria Elizabeth Gardner his wife, which was dated the 29th of June, 1804, and received the Royal assent on the 10th of July, 1805:—that Henry Jadis, Esq., married Maria Elizabeth Adderley, formerly Mrs. Gardner, in the year 1805:—that the child already alluded to, as the fruit of previous criminal conversation, and the opponent

of the claimant, was acknowledged from birth as their offspring by Mr. and Mrs. Jadis, whose name he took, *viz.* Henry Fenton Jadis, till the guardians of Alan Legge Gardner claimed the Barony of Gardner for their ward, a minor, when he assumed the name of Henry Fenton *Gardner*:—that the second marriage of Lord Alan Hyde Gardner, with the Honourable Charlotte Elizabeth Smith, one of the daughters of the Right Honourable Robert Carrington, was celebrated on the 10th of April, 1809:—that Alan Legge Gardner, son of the above parties, and the successful claimant of the Barony, was born on the 29th of January, 1810:—and that Lord Alan Hyde Gardner died, and was buried in the parish of St James's, Westminster, on the fifth of January, 1816.

To bring the grand points at issue, in so far as respects the duration of utero-gestation at once into view, we shall here cite the questions to which we have just made allusion.

1. Is it your opinion, that a child born on the 8th of December could have been the result of sexual intercourse either on the 30th of January, or anterior to it, being 311 days?

2. Is it your opinion, that a child born on the 8th of December could have been the result of sexual intercourse on the 7th of February, or anterior to it, being 304 days?

3. Do you think that a child born on the 8th of December, that has lived to manhood, could be the result of sexual intercourse on or after the 11th of July: a period short, at least by two or three days, of five calendar months?

The two extremes of time alluded to in these questions are 311 (or at least 304 days) and 150 days: and, as is hereafter remarked, if it be admitted that Henry Fenton Jadis, alias Gardner, is the son of Lord Alan Hyde Gardner, he must either have been a five months' or nearly a ten months' and a half child, or to speak more definitely, a 153 days' child, or 304 or 311 days' child; that is, he must have been born either four calender months before the *usitatum tempus pariendi*, or one calender month and two or nine days beyond it."

The investigation, therefore, involved two considerations, 1st. The earliest age at which a premature fœtus, or infant, is capable of living to maturity, or manhood, and, 2dly, the longest period to which utero-gestation can be protracted. The reader will observe, that the counsel for Alan Legge Gardner, the son of Lord Gardner by his second wife, having first *proved* that the counter claimant, Henry Fenton Jadis, alias Gardner, minht be an illegitimate child, *quoad* the criminal intercourse with Henry Jadis, endeavoured, secondly, to show, that, according to the laws of utero-gestation, it was impossible he could be the son of Lord Alan Gardner, on account of his lordship's absence from the country, whoever might be his father.

"The principal accoucheurs of this metropolis, besides some whose names are little known, were called before the Committee for Privileges of the House of Lords to give their evidence, with the view, either of disproving or of supporting the possibility of the period of utero-gestation being extended to forty-four weeks and three days, *i. e.* to 311 days, or nearly ten and a half calendar months, from the period of conception; and the possibility that a child born at the fifth calendar month might live to manhood.

Of the seventeen medical gentlemen examined, five supported the opinion, that the period of human utero-gestation was limited to about nine calendar months, from thirty-nine to forty weeks, or from 273 to 280 days; or, if we strictly take them at their words, from 270 to 280 days; one of the witnesses, indeed, said from 265 to 280 days. These gentlemen of course gave their negative to the possibility, unless by miracle, that Henry Fenton Jadis, alias Gardner, could have been the product of a 311 days' gestation.

On the other side, of twelve medical gentlemen, who seemed to agree with respect to the above mentioned period as the natural time of gestation; most of them maintained the *possibility* that pregnancy might be protracted to nine and a half, ten, or eleven calendar months, *and of course to* 311 *days, the alleged term of gestation*, at which the counter claimant was born; and thus admitted the possibility that Mr. Henry Fenton Jadis, alias Gardner, might be a ten and a half months' child: and they adduced a variety of cases, with a view of showing that their doctrine was founded on facts.

The calculations of the *Duration of Pregnancy* have long been, and still are, chiefly founded upon

1. Certain peculiar sensations experienced by some females at the time of conception, or within a few hours, or a

day, or two or more days after the coitus, which was succeeded by impregnation.

2. The cessation of the catamenia.

3. The period of quickening.

4. A single coitus.

To these may be added (but, in our opinion, as secondary means of forming a judgment) the size of the abdomen, examination per vaginam, called the *touch*, and by the French *ballotment*, and the more lately proposed method, *auscultation*, or the stethoscope."

Dr. Lyall proceeds to speak of these subjects in the order in which they are enumerated, but as all of them, with the exception of the last, are at best fallible criteria, we shall pass on to the following *jeu d'esprit*, which certainly does him infinite credit. One would wonder, indeed, how an idea so wholly unprecedented, so far surpassing the conceptions of ordinary mortals, should have entered his head; but he has travelled much, and doubtless has seen many wonderful things. He says,

"We see only one speedy and sure method of determining *satisfactorily* the knotty point in question, and we do not doubt that generations yet unborn will reverence our memory for our ingenuity in devising it. We recommend that a spacious building shall be immediately erected, in a healthy site, in the environs of this metropolis, which shall be surrounded by walls at least 100 feet in height;—that all aeronauts shall be forbidden from approaching the same edifice upon pain of death; that no males, except *the privileged*, shall have admission; that it shall be put under the care of a proper number of virtuous matrons selected from nunneries; and that the whole shall be governed by monastic regulations. This superb establishment shall be denominated, The EXPERIMENTAL CONCEPTION HOSPITAL, in coincidence with its destination. Besides apartments for matrons, offices, &c., this institution shall contain separate rooms for fifty *virgins*, between the age of fourteen and forty-five, and for fifty *unmarried women*, who may have borne children, between the age of fifteen and forty-five. The directors of the hospital shall appoint ten of the most distinguished healthy physician-accoucheurs of London, between the age of twenty and fifty, each of whom shall be destined to administer physic and *consolation to a certain number of these females, during a single nocturnal visit.* The clerk of the hospital (one of the matrons of course) shall keep an exact register of all operations, and the results of the experiments shall be freely communicated to the world for the advantage of society, and especially for the purpose of affording our good British Parliament sure *data* upon which they shall be able to construct precise and just laws with regard to the legitimacy or illegitimacy of all children born in these realms, after the year 1830.'

Fifty virgins, and *fifty* unmarried women, in all 100 souls,—just five virgins and five women for each accoucheur's "operations," "during a *single* nocturnal visit!" Labor ipse voluptas, may be truly said; but we are apt to believe that few practitioners carry about with them enough of "physic and consolation" to dispense the Doctor's prescription, at least we should prefer "private practice*" to the laborious "privileges" of this Hospital staff!

Although the signs which are generally supposed to indicate pregnancy, such as suppression of the menses, &c., are, taking them together, usually sufficient to lead us to a right conclusion, they are sometimes partly, or altogether absent, and at others, the most infallible of them are met with where no impregnation has happened. Well-attested cases are related of the menses being continued during the greater part of the term of utero-gestation, although Denman, and others, will have it, that this secretion is always arrested, for, says he, if "a woman menstruated while pregnant, she must often miscarry, as a part of the ovum must necessarily be detached from the uterus at each period;" but, as Dr. Dewes remarks, we see no reason for this, and are per-

* Let all medical men, especially just after marriage, note the results of their "*private practice*, i. e. the cases of their own wives."—*Lyall, alluding to Dr. Granville's evidence.*

suaded that it may happen without any such consequence. Hunter, Denman himself, Burns, Baudelocque, and others, declare, that for the first two or three months, the inferior portion, and more especially the neck of the uterus, is not always occupied by the decidua, thus leaving a space capable of secreting a diminished portion of the menstrual fluid. And why may not a woman who has missed her month conceive at any interval before the next period? We have reason to believe that it has often happened, and that many of the supposed cases of protracted gestation may thus be explained; for however uniformly nature may appear to conduct her operations, she is sometimes eccentric, though certainly so rarely as not to disturb her general laws. For this reason, also, we are disposed to consider that the term of utero-gestation may occasionally be protracted beyond what is usual, though for what period we are uncertain. But although we admit the possibility of such deviations from the general law, we should always incline to nature's side, and require irrefragable proof, such as it is difficult and next to impossible to obtain, of her being in error. The testimony of a modest and virtuous female might go a good way, if there were no possibility of her having calculated from wrong or mistaken *data*; but this exemption, as far as we know, has very rarely occurred, at least we find no instance of the kind upon record.

Paris and Fonblanque, Beck and most of the writers on medical jurisprudence, have collected what cases of supposed protracted gestation were formerly scattered through a multitude of volumes; to their works, therefore, as well as to Dr. Lyall's pamphlet, which contains an epitome of the cases in question, we refer the reader, and proceed to make a few extracts from the evidence, which we are bound to say is most unsatisfactory, though it may tend to inculcate the necessity of replying more explicitly, and with greater caution than has hitherto been common, to the questions propounded by counsel on such occasions, and so far be of negative service. Five persons were examined for the claimant, Henry Legge Gardner, viz. Drs. Gooch, Blegborough, and David Davis, and Messrs. Clarke and Pennington. We have only room for a few extracts from the evidence of Dr. Gooch, which is a tolerably fair specimen of the rest.

"ROBERT GOOCH, M. D., examined by Mr. Le Marchant:

According to your experience, what is the usual time for gestation for a woman? I should say, *nine calender months*, where the thing can be calculated accurately; that is, if pregnancy was known exactly to take place on the 25th of March, for instance, I should expect the birth to take place on the 25th of December, that is *just nine calender months*. It is generally stated in the books, I believe, to be *forty weeks, but I believe forty weeks to exceed the usual term of pregnancy*. The writers say, nine calender months, or forty weeks; now the fact is, nine calender months is scarcely more than thirty-nine weeks.*

You are understood to say, that it is generally less than nine calender months? *Rather less than nine calender months.*

Does it often exceed nine calender months? *It is sometimes a day or two less, and sometimes a day or two more.*

Have you known it often to exceed nine calender months. A day or two.

Not more than a day or two? When I say often, it is not very often one has an opportunity of calculating it accurately, because gentlemen ought to consider, that in the way married people commonly live together, having constant access and frequent intercourse with one another, *it is utterly impossible to know exactly the time when conception commenced, and consequently utterly impossible to know exactly the pregnancy*; but persons of large prac-

* Dr. Gooch's opinion differs from that of some of his colleagues. In fixing the invariable period of gestation to nine calender months—a day, or two days, less or more—he limits the time from 271 to 277 days, while a number of the other medical witnesses fix it at forty weeks or 280 days.

tice, and that practice continuing for a considerable length of time, are every now and then meeting *with instances where the time of conception is accurately known*, and therefore the length of pregnancy is actually known; and those are the cases on which we found our opinion; and those cases lead us to believe that it is exceedingly accurate, as nearly as possible nine calender months, sometimes a day or two before, sometimes a day or two beyond.

Have you not met with many such instances, in the course of your practice? Quite a sufficient number to enable one to form one's opinion upon the subject, as clearly as on any question of natural history.

Those instances confirm the opinion you have just given? Those instances invariably prove it. It ought to be recollected, in our ordinary cases, I mean those cases where married people are living perpetually together, and where it is impossible to know exactly, although they are not strict and accurate experiments, yet it is strict and accurate enough to corroborate our notion, for we have known those cases falling in labour nine calender months from some period or other, from which we must calculate.

Is it your opinion, that a child born on the 8th of December could have been the result of sexual intercourse either on the 30th of January or anterior to it, being 311 days? No.

Do you think it could have been the result of sexual intercourse on the 7th of February, being 304 days? No.

Do you think it impossible? *I believe it to be impossible*; so impossible that it would influence my conduct.

Why do you think it is impossible that it should be so? Because it deviates entirely from the *strict accuracy* with which I have found the length of pregnancy in those cases in which I could make the experiment strictly; *in those cases where by knowing the exact time of conception I could know the exact length of pregnancy*, it has come with singular accuracy a day or two before, or a day or two after, but very commonly a day or two before the nine calendar months.

Are you to be understood to say, that the period is certain—is uniform? As certain as any point on natural history can be? I know few things about which I am so much satisfied.

Are there not two cases mentioned in Hargrave's Notes on Coke on Littleton to have been stated by Doctor Hunter to Mr. Hargrave? If I recollect the note of Dr. W. Hunter rightly, the last clause of it is this,—that he has known one woman who went fourteen days beyond nine calendar months, and he believes that there were two who went beyond ten calendar months.*

(*Mr. Le Marchant.*) Within your experience, has any case happened of a woman going in gestation beyond ten calendar months? I have never known *one go ten months*; and though I have looked over the reports upon the subject, *I have never read [of] one, the internal evidence of which was satisfactory proof*; I have never met one that approached it. The greater number of those on record are, on the face of them, absurd; cases of three years' pregnancy!

Did you ever hear of a case of nine months and a fortnight? I never met with one. The only one on record, which I remember at this moment, is the one alluded to by Dr. W. Hunter, in his note.

What case is that? I know nothing more of it than what Dr. W. Hunter mentions in the note.

(*By a Lord.*) Suppose a woman bore a living child fourteen days later than nine calendar months; how do you reconcile that with your statements? I have never witnessed a thing of the kind; and in order to satisfy myself about it, I should like to know the grounds on which

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* As this note is of importance, we think proper to insert it. 'We were curious to know the general sentiments of that eminent anatomist, Dr. Hunter, on three interesting questions. These were, What is the usual period for a woman's going with child? What is the earliest time for a child's being born alive?—and, what the latest? The answer, which he obligingly returned through a friend, we have the liberty to publish; and it was expressed in the words following:—

1. The usual period is nine calendar months; but there is very commonly a difference of one, two, or three weeks.—2. A child may be born alive at any time from three months; but we see none born with powers of coming to manhood, or of being reared, before seven calendar months, or near that time; at six months it cannot be.—3. I have *known* a woman bear a living child, in a perfectly natural way, *fourteen* days later than nine calendar months, and *believe* two women to have been delivered of a child alive, in a natural way, above *ten calendar months from the hour of conception*.'—Paris and Fonblanque's Medical Jurisprudence, vol. iii. p. 218; as taken from Hargrave's Jurisconsult Exercitations.

Dr. W. Hunter stated that fact; for after all, he says, 'I know of one, and believe there were two;' by what means he could know of this one I am at a loss to understand; he must still depend upon the testimony of the female individual.

Supposing such a thing were to fall within your knowledge, on what grounds could you account for it? On no other ground but the circumstances deviating greatly *in some rare instances* from the ordinary course of nature; but I beg leave to add, that I have seen none similar to it in the course of my experience.

You do not conceive it possible? I can only know the possibilities of nature by knowing all nature; and as I do not know all nature, it is impossible for me to be a judge of that. It is quite dissimilar to any thing I have experienced. In all the cases where I could calculate the length of pregnancy accurately, I have been struck by the regularity with which it ends *at nine calendar months, or a day before or after.*

Cross-examined by Mr. Tindal.

You are understood to say, that the greater part of your profession lies in cases relating to married women? I am extensively employed among pregnant and lying-in women—married women; but I was for many years physician to two lying-in hospitals. In one of those lying-in hospitals there are two wards kept for single women, so that cases frequently occurred in which I had an opportunity of calculating accurately the length of pregnancy; besides that, a man in a tolerably conspicuous situation as a practitioner of midwifery in London will frequently, in private practice, be consulted about persons who are hospital patients, in which the thing can be calculated accurately, because in many instances there were no grounds for deception. When I say there were no grounds for deception, I mean, that young females in very respectable situations are very often seduced; *the intercourse is single; there is no motive whatever for misstating the fact;* it is just as unpleasant to come and confess one intercourse as to come and confess a hundred; there is no motive for fraud there.

That would depend upon the temper and condition of the individual? I am not aware of any circumstance in the temper and condition of the individual which could afford a motive for deception in a case of that kind.

Can you not suppose a person who has been seduced limiting it to one single intercourse, not liking to confess more than one, on the ground of the frequency of it leading you to suppose there has been a habit of incontinence? No, not in the cases I allude to. I think no man, in the cases I allude to, would suspect that.

You stated, that the only possible ground on which you can form an opinion rests on the credit due to the testimony of the woman? Of course, I must depend, for the accuracy of the facts on which I found my opinion, on the accuracy of the statement of the person communicating those facts.

You have already stated that Dr. W. Hunter, when he gave his opinion, also depended upon the accuracy of statement? Certainly.

Then, when he gives his opinion, and you give your opinion, you equally depend upon the accuracy of the statement made to you? As a general observation I should say yes.

In the case of married women, you have stated that the nine months must date from one period or other of the preceding month? Yes; but what period of that preceding month I do not think it is possible to say. Our ordinary cases are not strict experiments; I mean by ordinary cases, the cases where husbands and wives are living in constant access and frequent intercourse.

Are there not in the medical profession many books that are looked up to as works of authority? Yes; but I know very few that do not contain things which would now be looked upon as manifest errors.

Has there been a new light that has burst in upon the world since the old doctors went off? In various branches of science there has been, and why should there not be in ours?

Would not the experience of past ages be more necessary in your profession than in any other? I think there are cases have occurred, attested by very eminent individuals, about 100 or 150 years ago, which are on the face of them absurd. I can point out a case on record, attested by Winslow, one of the most eminent anatomists alive, of a pregnancy which lasted two years and eleven months. I think light has flown in upon us since that period, sufficient to contradict that.

Is he a person alive at this moment? No; he lived about a century ago.

Your answer has been confined to a particular case, instead of a general answer, whether the profession of medicine do not rely considerably on works of authority that have come down to them? The profession of medicine used to rely more upon authority than it does now. Men are much more than they were, even

twenty or thirty years ago, in the habit of depending upon their own observations, cultivating the faculty of observation very much, on their own observation and their own meditation. Doctor W. Hunter himself said, there were no class of men who were more in the habit of recording unfaithfully than men of science; he said, "They lie like the very Devil."

I hope he confined that expression to a particular profession? The *certainties of medicine* never expect to equal *the certainties of the law.*"

Among other questions, Dr. D. Davis was asked the following:

"Within your experience, how many days have you known the labour of a woman to be protracted? *I have not known a single instance.*

How long have you known a woman to continue in the pains of labour? In my own practice I should not, as a general principle, allow a woman to remain in labour more than about thirty or forty hours, that is to say, if the labour be a decidedly active labour, and that is going beyond the period that would be generally safe.

After a labour had extended to the period you mention, you would apply the assistance of art? Yes.

How long have you known the labour to continue? I believe I did lately publish a case that went to *the fourth day.*

Is the fourth day the longest period to which you have known it to extend? Yes, I think it is, in my own private or consultation practice.

Taking those facts which have come to your knowledge in the practice of your profession? Just so.

Do you mean it to be understood that those four days, or whatever period you may state the labour to be extended over, are to be added to the nine calendar months, or form part of them? To be added; those cases of protraction depending upon some resistance, producing difficulty, by confining the space, or some other cause.

By some mechanical obstruction, if it may be so expressed? Yes.

Was the person whom you mentioned in that particular instance, the poor woman, a married woman? She was.

Though in this particular case she foretold the time of her delivery so accurately, is it not the case that in by far the greater number of instances married women are deceived as to the time? *I do not recollect a single instance where that mistake has taken place, when I had reason to believe that the party had reckoned from any particular intercourse.*

That is, if the party had reckoned rightly, there was then no mistake? When I have believed that she was reckoning from that principle, then there was no mistake.

Then the answer goes no further than this, *that when you found by the event she was right,* she *was right* in her reckoning? My answer goes further; that when she was reckoning from a particular principle, *that is, the recollection of the coitus, and having noted that fact in her recollection, she was right as to the time;* but when she was reckoning on general principles, as they are from menstruations, which is the general principle, *it sometimes happens that they are wrong.*

Have you not found that amongst married women there must necessarily be a great deal of doubt as to the particular *coitus* wich produced the child? I have spoken to only a few cases of coitus; and those are the only cases I can speak to with absolute certainty."

We shall now give some parts of the minutes of the evidence on the other side of the question, beginning with Dr. Granville's.

Having stated what you conceive to be the ordinary period of gestation, to what extent in your judgment and experience may that period be carried, from the access of the husband to the time of labour commencing? The question refers to protracted time, not premature. Your Lordships will allow me to make one observation, I trust not unbecoming on my part, on this question; that as I have throughout life endeavoured *to be precise in every thing which concerns my professional inquiries,* I feel great difficulty in assuming to answer questions that refer to numbers of days, to precise facts and to dates, without looking at the notes, where I have been enabled to make notes on subjects of this description. The question is by far too important for me to trust to memory: it is too treacherous a record of facts of this kind; and I feel, that in giving my evidence before your Lordships, I am throwing a great weight of responsibility on my medical character. I trust therefore, if there be any document of which I am in possession, you will not insist upon my using the benefit of my memory, but the benefit of my notes.

The document you desire to refer to, is one you have made yourself? Notes which I have made myself of various cases referrible to my own experience personally. In the first place, if it will not take up too much of your Lordships' time—

Have the goodness to apply yourself to cases where gestation has been protracted beyond the ordinary period? I wish merely to state the manner in which these cases are registered, in order that your Lordships may ascertain how far you may rely on their accuracy. Every woman that applies to me with a letter of recommendation from a subscriber to the lying-in charity, and which entitled her to have my advice and assistance in cases of difficult labour, or that of an experienced midwife, answers the following questions, and her history is thus briefly stated and recorded. The nature of that letter she presents is entered; her name; her age; her residence; the date she is admitted at; by whom she is recommended; the cause of her being admitted; the name of the midwife or practitioner who attends her; whether she is attended at her own house, or otherwise; how she is ultimately disposed of; whether single or married; how long married; the profession of her husband or herself, if she has any; when she expects to be confined, or what is the time of her own calculating the time of pregnancy; at what period of pregnancy she has quickened; whether she was suckling when she fell with child; the number of children, alive or still-born, she has had; how long menstruation has stopped, or whether she is actually menstruating, and yet in the family way; how many of the children are now alive; and, in short, whether any have died, at what age, and from what cause; and whether the children she has had have had the small-pox or the cow pox; the number of miscarriages she may have had since her marriage, including all the period, three, six, or nine months; how many of those miscarriages were in succession; whether she has had any children before or after, or between the miscarriages; of what nature the labours have been; whether long, tedious, protracted, quick, or difficult, or requiring assistance; and ultimately, whether she is generally liable to any particular complaint, arising from the state of pregnancy. It is upon these documents that I shall have to ground, besides those which have fallen under my knowledge as a private practitioner, the answers that I hope to be able to give practically to questions.

Have you your private note book here? No, not my private note book; I cannot submit my own private note books to the inspection of any person, because I have entered into them facts which are entirely of a confidential nature; I merely wish to know whether I can refer to cases copied from my note book; if I find I cannot, I must refer to my note book.

Mr. Attorney General submitted, that it was not competent to the witness to refer to copies of entries made in his note books.

The counsel were informed the rule of examination was this, that where a gentleman was called to give his evidence, he might refer to his own notes with a view of assisting his memory; but having referred to his own notes with a view to assisting his memory, a memory so assisted is that which is to enable him to swear to the fact one way or another.

Having referred to my note books, *having had a very few hours to prepare myself*, I have taken out the dates; not being permitted to refer to them, I will refer to my own memory; but the referring to memory is a great responsibility, which no medical man would wish to take upon himself. I will refer to a case *in my own private practice—the case of my own lady*. By private practice I mean, though I did not attend *the lady* myself, nor was to have attended her (there were practitioners who were to attend her, whom I shall mention,) I was in the house, and consequently witness to the time of parturition. *This lady* passed her menstruation on the 7th of April; on the 15th of August, that is four months and six or seven or eight days [afterwards] she quickened. In the early part of the first week of January, her confinement was expected. Labour pains came on, a message was sent to Mr. Barrow, an extensive practitioner in midwifery in Davis-street, Grosvenor-square, to keep himself in readiness, he being engaged to attend. Labour pains went off, and every thing subsided; *the lady* went on until the 7th of February, when labour pains came on, and so quick, that thinking it would be impossible to get Mr. Barrow at such a distance, *the lady* then residing at Brompton, I sent for Mr. Thomson, a practitioner in Sloane-street; he arrived, however, too late, the child was born; he arrived just in time to remove what is called the after-birth. The child was stronger than usual, was large, and was considered by *the lady*, and by myself, and by Mr. Thomson, and by every one, *as a ten month child*; and, as I understand, when referred to medically speaking, as an instance of that kind. I will beg to make an observation which may throw some light upon it. I merely mention it thus, because that is the historical part of the case; but an explanation would be necessary in giving a full and comprehensive answer to the question put to me by the learned counsel. Supposing *the lady* who passed her expected menstruation on the 7th of April, 1815, had only conceived the day before, namely,

the latest and most rigorous term one could give, thirty days after the last period of menstruation, or twenty-nine days, we have then a case *prima facie* of 306 days from the period of impregnation, or of conception, to the day of birth, 305 to the day previous to the birth. But every medical man will, I am sure, bear me out, *when I say, that it is impossible to speak with precision as to the act of conception having taken place the very day previous to the period; it may have taken place the first day after the cessation of the other; or taking it as the most general way of calculating these cases, even where forty weeks is the period contended for, the middle period, fourteen or fifteen days after the last menstruation*, we have had a case of 318 *days**.

That instance you have stated was of Mrs. Granville? It was.

What date, beyond the ordinary time, do you say that extended to, in your judgment? I have observed before, supposing conception to have taken place the day before the expected and missed period of menstruation, knowing as I do, that the child was born on the 7th of February 1816, the period, to say the least, is 306 days.

Have the goodness to state some other instance within your own knowledge, where the ordinary time has been exceeded? The instances are taken from those registers. I have known a case of 285 days from the latest period of supposed impregnation, taking as the point of departure the last day of the month previous to the missed period, that is to say, twenty-eight or thirty days after the last menstruation. I have known a case [cases] of 290 *and* 300, *and* 315 *days*. In the latter instance, of 315, there was a doubt in my mind respecting the report made by the woman. She stated that she had terminated her menstruation previous to falling with child on a particular day; but on cross-questioning, she admitted that for five days afterwards she continued to have a discharge. I merely state, on comparison, the 315 days appear; but that, in my conception of the case, or admission of the case, *I should say it was only a case of* 310.

How long is it since that case occurred in your experience? The case of 315? I believe it must have been in 1821; but as to dates, I really must speak merely from recollection, the liability to recollection failing.

Have you any other instances, in your own private practice, of protracted gestation, besides the one you gave a little time since? None, in my own private practice.

You are understood to say, that the other instances you take from your practice at the hospital? *Yes, and of course assuming the answers given by the women to my questions to be correct.*

Is there any other way of deciding the question at all, but by relying on the testimony of the women who consult you? No other, *except in some few cases, where there is a possibility of ascertaining the very day on which conception took place from any [some] particular circumstances*, which I have no doubt have occurred to individuals; and I am myself acquainted with facts, though not peculiar to myself, in my own practice.

Are you to be understood, that the only ground on which the judgment of the medical man must of necessity be founded, is the account which is delivered to him by his patient? *Chiefly.*

Can he also make observations from symptoms which occur to that patient, so as to discover whether she is correct in that account or not? Very frequently; and I can mention a case where I had reason to doubt that she was inaccurate as to the time, owing to one of the symptoms referred to, namely, a coloured discharge, having taken place during fifteen days.

Looking at the extent of your practice, and the observations you have made, in your judgment might a child be begotten on the 30th of January, and born on the 7th of December, that is, a period of 311 days; whether it is possible from the course of nature that a child should be begotten on the 30th of January, and born at an interval of 311 days, that is, upon the 7th or 8th of December?—*I am aware of no circumstance that can render it impossible*; indeed, after the relation of the cases that I have given, I cannot be expected to give any other than that answer to the question."

The following is a part of Mr. Sabine's evidence:

"From the experience which you have had, what do you consider to be the *ordinary time of gestation* before a woman produces a child? *About forty weeks, or nine calender months.*

Have you any case that has fallen un-

* The reader must carefully remark, that the calculation is made from the "*middle period*" between two menstruations, when Dr. Granville speaks of 318 days—and from the day before the *next expected menstruation*, when he alludes to 306 days.

der your immediate observation, in which that time has been exceeded? *I have the case of my own wife.*

Have the goodness to state the particulars of that case, and the length of time to which the protraction extended? In the year of 1817, the last period of her menstruation took place, I believe, about the 14th of September; on the 14th of October expected menstruation was looked for; it did not take place: immediately after this period all the symptoms of pregnancy followed; such as sickness, heartburn, pains in the breast, the ring round the nipple became dark, which I consider one of the *most principal* symptoms of pregnancy in the first child. Those symptoms went on until the second week in January, when she quickened; she was not delivered, however, till the 14th of August following. Her father, who has been a very eminent accoucheur in Norfolk and Suffolk for the last five-and-twenty years, was present with her during this period; it was his opinion as well as mine.

(*Mr. Tindal.*) From the 14th of October to the 14th of August *is ten calender months? Yes.*

From your judgment, and the observations you made, must the pregnancy or not have commenced before the 14th of October? *It might have commenced only immediately before, on the 13th or 14th of October, just at the period when menstruation ought to have taken place; but it might have been a week or a fortnight previous to that time.*"

The evidence of Mr. Cory Hawkes, though not much to the point, may amuse the reader. It is as follows:

"Perhaps you have formed an opinion of the ordinary period of a woman's gestation? Yes.

What is it? *About forty weeks.*

Have you ever known an instance in which that period has been exceeded? *I have, by what a woman informed me on the death of her husband.* I was called in to attend a woman, and she had a very fine boy in a day or two. Upon going round afterwards, I said to her ——

Where did this woman live? She lived at Oakhampton.

In what year was it this happened? It must be nearly nineteen or twenty years ago.

Do you know whether the woman is alive now? I do not know. A conversation took place with my father about it.

You have no means of knowing of her prolonged gestation, except from what she told you? *No; I said it appears to me you went forty-one weeks.* I asked her whether she had any connexion with any other man.

Did you know her husband? *Yes, I did.*

Do you know the date of his death? No, I do not; I cannot state that from the time. There was another case, when I attended a woman with twins. There she mentioned to me to attend her at a certain time, and I was sent for to her, and she appeared to have every indication of labour. She went a fortnight afterwards, and then she had two boys. *And I think, from my general observation of animals as well as women, that they go longer with males than with females.*

That is your judgment and opinion? Yes; so much so, that I had two mares that went to the horse one day, and one foaled a fortnight sooner than the other; the female colt came first.

Cross-examined by Mr. Solicitor General.

Male gestation is, in your opinion, longer than female gestation? *Yes.*

That is your theory? *Yes.*

(*Mr. Attorney General.*) When you speak of 280 days as the ordinary time for gestation, is that the male or the female gestation? *The female.*

(*Mr. Solicitor General.*) What is the ordinary scale of nature; what is the difference? *A week or ten days.*

(*Mr. Attorney General.*) Do you mean to state that *the ordinary time for male gestation is 290 days?* In some cases; I will not state the number of days. I merely state the case of those two mares; one went a fortnight longer than the other.

The question refers to the gestation of human beings. Do you state that the ordinary time of gestation when the child is a male, *is 290 days? It is more than 280, that I am convinced of in my own mind.*

How many more? I cannot say exactly; *it may vary from 280 to 290.* The reason I state that is, *that most of the women I have attended have never come regularly to their time.*

(*Mr. Solicitor General.*) The people at Oakhampton do not come regularly? *It is owing to the cold weather.*

You seem to have particular customs at Oakhamptom; *do they depend upon the dissolution of parliament at all?* We always find a great number *more nine or ten months after that time.*

You say there is one season for male gestation, and another for female; sup-

pose the child is an hermaphrodite, what should you take as the time? *That I should take between the two.*

(*By a Lord.*) You first said that the ordinary period of gestation is 280 days? *Yes.*

Then you said that the ordinary period of gestation of males was 290 days? *No; that it extended to that time.*

But above 280? *Yes.*

Do you think the number of males that is born is greater than that of females? *No; there are more females than males.**

(*Mr. Attorney General.*) Has your observation been so accurate as to know whether the same mother has gone longer for males than females? *Yes.*

In what instances? When she has mentioned the time to me to attend her she has in general gone some days over what she first mentioned to me.

Is that peculiar to the case of males? I have generally remarked it has been a male child born after that.

That whenever a woman has been mistaken in the time of her calculation, it is a male child that is born? *Yes; I think it has generally been a boy.*†

We do not deem it necessary to make any further extracts from the evidence, because, as we have already observed, it does not fix the period of conception with sufficient accuracy to enable us to decide whether the term of uterogestation has been protracted. Much that we have cited is obviously inapplicable, and much fallacious—the whole, probably, uncertain. We are not, however, disposed to deny that parturition may be delayed; indeed, if we may judge from analogy, the fact is sufficiently supported by what has been observed of some of the viviparous animals.

"'Pass in review, the animal kingdom,' says Dr. Collins, 'and you will find the exceptions to the ordinary laws of pregnancy as extraordinary, and more frequent than perhaps you suppose.—Bitches pup usually in ten (two) months, others in a much shorter or longer period. Sheep generally produce their lambs in five months, yet some exceed or fall short of that period. Cows, horses, and other animals, present in the same circumstances similar irregularities, as the experiments and observations of Mr. Tessier, which were communicated in 1817 to the Academy of Sciences in Paris, so irrefragably attest. To illustrate the subject of this memoir, I will briefly state their result:

In 575 cows, 21 calved between the 240th and 270th days, average 259; 544 between the 270th and 299th days, average 282; and 10 between the 299th and 321st days, average 306; average of the whole 282 days; so that, from the shortest to the longest period, there is a difference of 81 days, that is more than one-fourth of the average time.

In 277 mares with foal for the first time, 23 foaled between the 287th and 329th days, average 322 days; 226 between the 329th and 360th days, average 346; and 28 between the 360th and 419th days, average 372; average of the whole 347 days; difference between the extremes 132 days.

In 170 mares which had foaled before, 28 foaled between the 290th and 329th days, average 321; 128 between the 329th and 360th days, average 341; and 14 between the 360th and 377th days, average 370; average of the whole, 341 days; so that, between the shortest and the longest period, there was a difference of 97 days, more than one-fourth of the mean term.

In 912 sheep, the mean time of gestation was about 151 days, and the extreme difference only 11 days.

In 25 swine, the extremes were from 109 to 133 days.

In 161 rabbits, the extreme terms of gestation were from 27 to 35 days.'

Vide *Edinburgh Medical and Surgical Review*, No. 87, p. 257, and *Beck's Elements of Medical Jurisprudence*, p. 195."

Dr. Lyall thus concludes his introductory observations:—

"When we compare both sides of the medical evidence, given in the Gardner Peerage cause, our inference is, that although the personal testimony of both parties may be nearly equal, it is, on one side, grounded chiefly on preconceived

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* We believe this assertion is contrary to the statistical accounts and the general calculations respecting population.

† According to Hippocrates, the male fœtus became animated thirty days after conception, while the female required forty-two. Others have observed, that boys find their way into the world sooner than girls.

The reader must at least have received much amusement by the perusal of the above evidence: *thinking*, however, is not evidence.

notions or partial reasonings; while the cases advanced in confirmation only show the nature of the *general law*, but not the impossibility of exceptions; this negative they have failed to prove: on the other hand, some instances have been brought forward to which we can scarcely deny credibility, and which tend to demonstrate, that exceptions to the general term of pregnancy are occasionally met with. But we are totally unable to come to any decisive conclusion with respect to the *latest period* to which gestation is protracted, or to the *frequency* of protraction. A wide and an important field remains open for future investigation."

In these sentiments we fully concur, and hope the time is not far distant when all doubt shall be removed from the subject, for certainly as matters now stand there is no knowing how much the honour of virtuous females may be impugned, or whether many legitimate children may not be deprived of their patrimonial rights, and stigmatized with bastardy. We can recommend the pamphlet to the notice of our readers.

MAUSOLEUM.

"How now? Whose mare's dead?!!!"

DID you never, Messieurs Editors of the Repository, hear tell of the pious hawkers of Constantinople, who perambulate the streets vociferating, "*In the name of the Prophet!* FIGS!!"? And have you, on your consciences, (conscience, quoth she!) never imitated these worthy prototypes, stood midwives to a gnat, and made as much fuss about it as though an aloe had flowered, or an elephant brought forth? It would grieve us to the heart to bear false witness against our neighbours, especially such quiet forbearing ones as you have always proved to be, but "amica veritas" is our motto, and we are constrained, therefore, to tell you, that you have shown a strong inclination of late [1] lapse into that figure of speech y'clept *hyperbole*—to make a great cry, and afford but little wool, and to remind us powerfully of "parturient mountains, and muscipular abortions." "Our views would, indeed, be unphilosophical," you tell us, in what you are pleased modestly to term a "Review of the Epidemic Cholera of the East," in your number for January, "if we entirely confined them to those forms of derangement which are met with in the climates and countries in which we ourselves reside." Now of all the namby pamby and would-be something that has been palmed upon the public, since the well-known treatise of Sheabod, upon the number of corns which Noah was tormented with previous to the flood, and their perfect and permanent cure effected by his "otium cum dignitate" in the ark, this is *the concentrated extract!* That any human being, gifted with wit enough to keep his nose warm, and serve as a distinction between himself and his horse, should venture to mention PHILOSOPHY and the BELLY-ACHE! in the same sentence, is almost passing belief, even in this age of consummate cant and overweening credulity, and that *you* should be the culprits! Not that the *folly* was beyond your compass, but that you should, for the smallest possible division of eternity, get it into your poor numskulls, that *you* incurred the slightest risk of being mistaken for—*philosophers!!* The editors of the London Medical Repository—*philosophers!* Doctors Copland, Darwall, and Conolly—*philosophers!* Ye shades of the illustrious dead! Spirits of departed greatness! Halos of the human mind! Visit not the sins of an infatuated few upon whole generations! Let not the unrighteousness of two or three destroy a city! But "you knaves are absolute; we must speak by the card, or equivocation will undo us." "Here lies the point," your views would *not* be (propter hoc) at all unphilosophical did you confine them, &c. &c. They would be simply and solely *confined*, and not one jot *more or less philosophical*, than when left at liberty to roam in space; otherwise the clown, who extends his gaze upon *all* the luminaries of heaven, and falls into a quagmire for his pains, is a greater philosopher than he who inveigles a satellite into his chamber, and pores over it on the mirror of his telescope; and the housewife who wonders whether the birds or the boys, the winds or the witches, have strewed her apples upon the ground, has more philosophical (because more extended) views than the modest contemplator of the single codling, whose sole object was to *concentrate, not to extend* his ideas, or views, if you will—"argal," *confining* your views, you would have been much more like simpletons than sages, and by *extending*, you have only *attenuated* them. But "cudgel your brains no more about it, for your dull ass will not mend his pace with beat-

ing," and when you are asked this question next, say, that you are *no philosophers!*

"It is from an acquaintance with the varying manifestations of diseases, as they are observed in all countries, as they are modified and even altogether formed, *by* seasons and *by* climates, *by* habits and modes of life, and *by* individual constitutions and organizations, *by* influences which are permanent, and *by* those (where, by the bye, did you fish up all your *bys?*) which are transient and contingent, that we are enabled to deduce satisfactory conclusions as to their sources, their intimate or remote relations, and as to the most successful measures, both for their prevention and for their cure."

Tell us now, prythee, after all these rounded periods, these polished sentences and sententious points, these dashes (—,) and bys, and fors, and ands; these addings of "colour to the rose, and perfume to the violet;" descend from your stilts, and tell us in plain prose, and in as few words as need be, (for we are plain unlettered men, and somewhat impatient of tropes and verbosity,) what may be, upon a modest computation, the amount of your acquaintance with the varying manifestations of diseases as they are observed in *all climates*," what "satisfactory conclusions you have deduced as to their sources, their intimate or remote *relations*, (their parents and tenth cousins, we presume,) and as to the most successful measures, both *for* their prevention and *for* their cure," (was this written just after church, when "is well *for* the body, as *for* the soul" was tingling in your ears?); tell us "the secrets of the charnel house," and make us at least as wise as yourselves; or if this would be requiring too much at your hands—if you "cannot part with all," "*all diseases, in all climates*,"—at least let us know what you know about *cholera*, the subject of your eloquence, the source of your inspiration; as well might we ask the sun who made him, or the moon whence she pilfers her splendour? That "*philosophy*" has given you a *most extensive* "*acquaintance*," we have your own assurance, but not one tittle of it have you condescended to introduce to your readers, and still substituting words for ideas, and letter-press for information, continue—"Diseased actions thus viewed (how viewed?) as a *symmetrical* whole, (a *symmetrical disease!*) [we have heard Cooper talk about a "*beautiful preparation*," but even his *morbid* taste never led him to discover much *symmetry in disease*; not even in dropsy or elephantiasis—or hare-lip—or a good prurient cluster of warts, whether anal or pudendal—or a fungus of the antrum—or (oh, the twin beauties!) a pair of blushing baboes!] present us with features, a knowledge of each of which serves to advance our acquaintance (more acquaintance) with the other, and to point out those relations (fathers and tenth cousins?) in which they mutually stand, whereas when examined in the dismembered ('disjecta membra'—morbi) and very limited manner which narrower ideas (ideas! turn to Locke, for God's sake) suggest, the mutual connexion of the parts thus combining (how combining?) to form one *systematic* whole (why it was "a *symmetrical whole*" just now; are the terms synonimous, or has your *system*, like Moses' serpent, eaten up your *symmetry?*), is overlooked, and our intimate knowledge of these parts (what parts?) individually materially impeded." It has hitherto always been a riddle to the wise, how a shepherd boy knows the face of, or, to use your term, makes "*acquaintance*" with, each individual of his flock, and when the lout is asked, he answers, "Why, I knows it, because I knows it;" but *you* have become the Œdipus at last, and the wise need no longer be puzzled, or the booby plagued, about the matter. *A flock of sheep* "thus viewed as a *symmetrical whole*, present *him* (the lout) with *features*, a knowledge of *each* of which serves to advance his acquaintance with the *other*, and to point out those relations in which they mutually stand; whereas, when examined in the dismembered and very limited manner, which narrower ideas (those of the puzzled *wise*, for instance) suggest, the mutual connexion of the parts thus combining to form one systematic whole is overlooked, and their (the wise) intimate knowledge of these parts (*sheep*) individually materially impeded." Hence it is evident *why* the booby knows every sheep's face, and the philosopher does not; or it is, on the contrary, palpable, that you have been entangling yourselves in a maze of metaphysical subtilty, and might have saved yourselves much time, and your readers much patience, by having adopted the clown's "I knows it, because I knows it."

"It is not therefore (you proceed to say) in the present state of medical science, that we expect to hear the *cui bono* of turning our attention to the subject before us disputed." Here you are right for once, and you need not fear a dissentient voice upon the subject. *No one*, take our words for it, will for a moment ask the *cui bono* of turning the *whole* attention, of the *whole* profession, towards

the consideration of so dreadful an infliction as the "*epidemic cholera*," and instead of visiting you with our wrath, we would have been amongst the first to have hailed you "as good and faithful servants" of the public, had you unostentatiously given an analysis of the different works upon the subject, unprefaced by the unintelligible jargon and profligate waste of paper, which you have committed, and of which (for "our gorge was rising at it") we have given but a small portion;—in future take our advice, put your "*philosophical views*" under the protecting ægis of the well-known advertisement "*when Socrates discoursed upon marriage*," sell your "*varying manifestations of diseases*" to "*Leake and Company*," *and reserve to yourselves*, "*by habits and by modes of life, and by individual constitutions and organizations, by influences which are permanent and those which are transient and contingent, we are enabled to deduce satisfactory conclusions as to their sources, their intimate or remote relations, and as to the most successful measures for their prevention* and for their *cure*," (*cure* in large letters,) put it in so many words, (they are *all your own*, and not even their order and harmony disturbed,) into a half a dozen of the morning papers; take a house with a private entrance, and paint a "*blind cupid*" over its door, and we will pledge our existence, that you will gain more money and fame to boot, in *one week*, than your individual practice, and co-joint editorial labours now produce you in *one year*.

You now pass on to extracts, simple and copious extracts (a species of piracy, by the bye) from the different publications upon cholera, and here our choler subsides, for you do what you ought to have done in the very first time, and we have no fault to find until you pull out your "*pulse watch*," and give us *nineteen* mortal pages on *pulse-feeling!!*

"Where did you get this tale?
From an old gossip in the evening sun,
And as she knit her hose she wove her tale."

And verily a more complete old wife's tale never was doled out—Mathews's Scotch woman's was all pith and point in the comparison, and you may thank your stars that he is not a reader of either the Repository or The Lancet, for nothing could then save you from being "damned to everlasting fame." You are the very Monkbarnses of the profession. Grose was a modern beside of you: you surely must have something of the domestic fowl in your composition, for you greatly prefer filthy and putrid rubbish, scratched up with infinite labour, from an old polluted dunghill, to the wholesome well selected food, so liberally scattered under your noses. Would you turn *truffle hunters*, or take to the *divining rod* and *find out springs?* There would be some sense in it, but what either the profession or the world at large are benefited by such smell-fungus researches, as go to prove, that the clyster pipe found *in situ* at the ruins of Herculaneum was introduced by Clumnus the pupil of Galen, and that the said Clumnus was *left handed*, because the bladder inclined to the patient's *left buttock*, or that the *Romans* must have been a *dyspeptic* race, because the *acidity* of their *evacuations* had *obliterated the ink* on the paper turned up in the cloacæ of Pompeii; we are stupid enough not to be able to discover, neither can we surmise, what in the name of common justice could have warranted you to pick the pockets of the public with your precious farrago of senseless mumbling about "Sir John Floyer, Knight," and his "*pulse watch*." We had intended to have strewed before our readers this "*old clothes-bag*" in all its reeking horrors, but really the task was beyond our powers of endurance; we will, therefore, challenge every honest man, of sufficiently abiding patience and obstinate research, to read it, and we will hazard our reputation, that not one in one hundred will be found to dissent from the anathema which we pronounce upon it, namely, that there is not, in all the periodicals which this country has produced during the last ten years, such another specimen of *affectation of useless learning*, of *downright twaddle* and *pedantic prosing*! such another accumulation of *antiquated folly* and *modern nonsense*! If *one* single individual exist hardy enough to gainsay us, we will publish the whole (*with your permission*) in our next Number; if any *six*, full-witted men, will testify that they have fairly read it to an end, we will present them with the said publication for their labour, and if *three* of moral character, superior to that required in an Old Bailey witness, will swear that they rose from the perusal, either wiser or better, we will *not* believe *them*, but beg pardon of *you*.

"Damn it, quoth Time to Thomas Hearn,
Whatever *I* forget *you* learn."

And depend upon it that Time is a sensible monster, and that all Thomas Hearns are egregious blockheads. No aphorism is more indisputable, than that, *whatever is worthy to live will never perish*, and that, *whatever has perished*, was *unworthy to sur-*

vict, excepting in the fine arts, and excluding from them *music, we have benefited nothing by our intercourse with the ancients.* What would have been the consequences, had *Locke*, and *Newton*, and *Priestley*, been battering their brains, after your example, with the *unction of antiquity*? Pretty *steam engines* and *spinning-jennies* they would have produced, had *Watt* and *Arkwright* fiddle-faddled their hours over "*stop watches.*" Would it not at the present moment have been well for *philosophy* had *Aristotle* perished in his mother's womb? What a heap of rubbish have "the schools" (par excellence) overwhelmed *metaphysics* with? Has not the Devil been less an enemy to *Religion* than "*the Fathers*"? Does Sir *John Sepping* ever refer to *Noah*, the *first*, and *indisputably* the *greatest*, of ship-builders? Did *Ricardo* ever name *Moses* (a brother Jew too) in his admirable work on political economy? or *Malthus* ever *think* of *Solon*, when writing his essay on population? What did *Bonaparte* know about the mode by which the Egyptians crossed the Red Sea when he passed his army over the Beresina? did he dream of Hannibal when he bivouacked on the Alps, or of Cocles at the Bridge of Lodi? but to come more home with the argument, John Hunter, Pott, Desault, Boyer, Cline, (never mind chronological order,) Cooper, Baillie, Morgagni, Blumenbach, Dupuytren, Bichat, Abernethy, cum multis aliis, are universally admitted, by general vote and consent, and almost literally, nemine contradicente, to have done more towards the real improvement of our profession, and the advancement of science, than *ten times* their number *either now living*, or that *ever* have lived; and how many pages can be selected *from all their works together*, in which the *ancients* have *even been mentioned*, excepting *historically*? *Many* of these *really great men* never sullied their paper with such names; *not one of them*, we will wager our salvation, ever heard tell of *your knight* of the "*pulse watch*," and we question whether there are *nineteen* pages in their *united publications* upon "*the pulse*,"—that there are not the names of Floyer and Forestus, Sennertus and Fernelius, Riverius and Bellini, Hoffman and Stahl, Celsus and Cheyne, Bichat and Hunter, Abernethy and Mead, Heberden and Parry, Wood and Steele, Boswell and Johnson, *one* Thomas Hammond, and (risum teneatis) the *watch maker*, Samuel Watson! Sir T. Brown and Richerand, Galen and Hippocrates, Carson and Willis, Gregory and Borelli; that there are not these names, (*all* of which occur in the paper referred to,) or a *similar number* of such a heterogeneous assemblage, in any readable work (an obituary excepted) of the present day, any printer's devil will testify; but what are they compared with "cacochymias, concoction of morbific matter, cacophonous language, Athenæ Oxoniensis, pulsus vermicular, formicans, tremulus, senatus, caprizans (*goaty*), dicrotus, myurus (mouse-tailed), &c. Religio medici (what *religion* is this?)—Addisonian school—original gothic and florid richness of language!—Σφυγμική—Semirotica—hot and cold intemperies, hot and cold cacochymia—four secreted humours, viz. choler, salt serum, phlegm, and succus melancholicus; calidum innatum, facultas pulsatilis, salt lymph, whose office is to change the bitterness of choler to a sweetness; ars sphygmica"—others, and others still, which we have culled at random. We do seriously ask, whether there can be either rhyme or reason in putting to any other purpose *than one*, which *cleanliness requires*, but *decency* forbids to name, books of this description? and whether the man, who wastes his time over such stuff, is not an useless and inefficient member of society? Some of the *cream*, however, is yet behind, and sickened as we have been with the overdoing of whey and skimmed milk, which we have already been drenched with, we must contrive to give a little of it.

In the first place, come the birth, parentage, and education of "Sir John Floyer, Knight," as though they had any concern with his "*pulse watch*"; how he wrote an essay "*on cold bathing*," for which Sir R. Steele (most deservedly, no doubt) eat him up in the Tatler; how he advised Dr. Johnson to go to London for the *royal touch*!!! (a rare old woman truly), and falsified his age (another *female* trick); and when modestly asked how old he was, replied—"although *generally* a man of *elegance* and *civility*" (bravo!)—"Go look," (the brute! look where?) Then we are treated with a rigmarole about his name occurring in a charter of James the Second (closely connected with "the *pulse watch*"); his becoming a justice of the peace (still no *pulse watch*); of the abitrary acts of James—(would he had broken *the watch!*); "and then, and then, and what then"—why, then, *at last* we come to "the *pulse watch*," of which "*Mr. Samuel Watson*" *was the maker*!!!—Eheu jam satis! No such thing; after a page or two of your elucidations, we suppose you call them, Messrs. Editors, the worthy Knight begins talking about the Greeks, with their ars something (we have taken the pains to write it *once* already), and

the Chinese with their *therapeutics* (*Chinese* therapeutics!!!), and there, not having a friendly Ariadne at our elbows, we must leave him, for to follow, unarmed, into the labyrinth which yawns upon us, we dare not for our souls. At length out pops the Knight again, with a "wonder that Galen did never count the pulse;" and having thus, like a whale, shown his nose and taken *a blow*, down he goes again into the depths of "cacochymias and succus melancholicus." Again he rises, and again *you* put in a harpoon, or give a gentle friendly tug to that which Steele had stuck into the monster, and for a while he is left writhing in his "*cold bath*." You then most piously pity that mind which takes "no interest in what Galen, the master-spirit of his age, thought about the pulse," (as if *any mind* minded one straw about the matter)—"*tranquillize* yourselves (how amiable!) in recurring in this manner to past times, and in knowing nothing which contributes more, amidst the turmoils and perplexities of the world, to allay for a little the *sad feelings these excite*, (oh! you consummate hypocrites, or pnling puritans!) than the intercourse you are thus enabled to hold with other ages." A better prescription by far is the following:—Keep your pity for *your own* belly-aches—let poor Galen rest—"*tranquillize*" yourselves with a bowl of punch—"recur to past times," by thinking of when you could not afford such a "*tranquilliser*" to the credit side of the account of the "turmoils and perplexities of the world"—put your fees—and hold *actual* "*intercourse with other ages*," by going to bed to *a mummy!!!* (N.B. Dr. Granville has got a female one; she has a diseased ovary, but n'importe); and now, positively, we must leave you, Galen has set you running a muck, but lest you fall victims to your zeal, we will do you the favour to guard your fair name from one imputation—YOU ARE NO ATHEISTS!!!—"WE ARE CONFIRMED THAT THERE IS A GOD ABOVE US!!!" What a delightful confirmation!—what a glorious discovery! ("*they will go to heaven notwithstanding, said the boy*); but are you sure of it—can it not admit of a doubt? Surely if you can write *nineteen* pages upon a "*pulse watch*," you will not dismiss the *existence of a God* in one solitary line. Do now, for God's sake, give us a "retrospective review" upon the subject in your next. Surely you may stumble upon some unlucky wight, ancient or modern, who has doubted the fact, and then what a triumph!—to prove that SAMUEL WATSON MADE SIR JOHN FLOYER'S PULSE WATCH! and GOD ALMIGHTY THE WORLD! in *the same periodical!!!* But you cannot do it, we defy you to do it; that is, *of yourselves and by yourselves*; for you finish your Deistical rhapsody by telling us, "*that man in himself is nothing, and of himself, can effect nothing.*" What *is* the meaning of this, or has it any meaning at all? Surely your compositor has made a trifling mistake, and interpolated a piece of some good man's sermon into your lucubrations, or you are farther gone than we suspected. God help you; but never again attempt to palm another line of *cant* upon us, or we will so strip you of your lion's hide, and so ruthlessly becudgel the ass's carcase, that you shall be lingering, but living demonstrations of the fact, that "*man is nothing, and of himself can do nothing.*"

"The spleen governs the mouth; that which is moisture in the heavens, in earth is earth, flesh in the body, and spleen in the members."

The above quotation *you* give from some Chinese tract or other (are you sure of its Chinese origin? to us there is something of the "*begotten but not made*" about it), which you then sneeringly dismiss. Fiat justitia is an excellent sentiment; it is palpable nonsense we admit; but when you make sense "*of man is nothing and of himself can do nothing*," then will we make it (the Chinese quotation) clear and intelligible to the meanest capacity, and admit that all are fools who do not waste the midnight oil in poring over "*the ancients*," that Sir John Floyer was "a *master spirit*" and his "*pulse watch*" a greater invention than the "*steam engine*;" and that your's is the most interesting, clever, erudite, and excellent periodical that ever the profession was blessed with.

ON THE MUSCULARITY OF ARTERIES.

To the Editor of THE LANCET.

SIR,—In the 127th number of your far-famed Journal, I observe a letter signed "E. W.," in which it is stated, than in an essay by M. Beclard, entitled, "Recherches et experiences sur les Blessures de Arteres," mention is made of a *large proportion of fibrine* being discovered by Orfila in what is generally, but absurdly enough, denominated the *muscular coat* of arteries. This argument drawn from the chemical constitution of arteries, which has been so much insisted

on, and which indeed has been deemed incontrovertible by those who contend for their non-muscularity, the St. Bartholomew gentleman seems to think might be effectually refuted on the authority of the above mentioned celebrated chemist. I beg leave, however, to inform E. W., and, if he will, Dr. Clutterbuck, that this statement of M. Orfila is incorrect, unwarrantable, and diametrically opposite to the careful, accurate, and conclusive experiments of Young, Thomson, Berzelius, and a host of other able and scientific chemists. And I am firmly convinced that every one who maturely and deliberately examines the experiments upon which the statement of Orfila is founded, must come to the palpable and unequivocal conclusion, that there is a fundamental error in the manner in which they were performed, and that therefore the inferences which he deduced from them must be rejected as false, fallacious, and totally inconsistent with sound inductive reasoning. In fact, Sir, every argument that *ever* has been adduced by those pseudo-physiologists who advocate the muscularity of the arteries, only serves to exhibit more prominently the utter futility and absolute absurdity of the puerile notions which they entertain on this subject, and in addition to the numerous convincing and indubitable proofs of their non-muscularity, of which we are in possession, to establish in the most direct and satisfactory manner the pristine strength, stability, and force of the arguments in support of the last mentioned true and scientific view of the question. If the *fibrous* coat of arteries is considered in a chemical point of view, we find that it possesses none of the constituent properties of muscle; if it is examined as far as regards its physical characters, not the slightest resemblance can be traced; or if, finally, we view it in its functional relations, it will be found to bear to muscle not the most remote analogy. How then, in the name of all the reasoning powers, is it possible that we should be so physiologically infatuated as to pronounce that muscle, which in every light in which we can examine it, presents appearances and characters so entirely and so essentially different? Trusting that in some nook of your widely circulated and eminently useful Journal, you will find a space for these few remarks.

I remain, Sir,
Yours respectfully,
Iatpor.

FOREIGN DEPARTMENT.

ARCHIVES GENERALES DE MEDECINE.

Anatomy.

Aneurism of the Aorta.—M. Andral, jun. made a report to the Academy of Medicine (Paris, the 28th of February,) on a case of aneurism of the aorta observed by M. Noble, surgeon at Versailles. The complaint manifested itself by dull pains in the left shoulder, and a gradual augmentation of the size of that part. This was soon replaced by a tumour, which, at the end of seven months, acquired the size of a full grown fœtus's head, and was recognized by the pulsations being synchronous with the pulse, to be of an aneurismatic nature. Serious symptoms gradually developed themselves, infiltration of the left arm, imperceptible pulse in this limb, and general debility; and death terminates the patient's life fifteen months after the first appearance of the disease. On examining the body, an opening to the extent of a shilling was observed in the parietes of the aorta at its arch; this opening communicated with a cavity, which appeared to be formed by the cellular sheath of the artery, and this cavity, perforated at a point of its circumference, was connected with another much larger, the parietes of which were principally constituted by the ribs, the vertebræ, and especially the distended and attenuated muscles; it was this which formed the projecting tumour felt during the life of the patient. The interior of these cavities was filled with fibrous clots of different consistence, presenting on their external surface an infinity of small red vessels. Several portions of the ribs were destroyed, as well as a great part of the bodies of three vertebræ. From this case the following conclusions may be drawn, 1st, that it confirms the assertion of Morgagni, viz. that individuals affected with an aneurism of the aorta seldom present that state of general infiltration which is so common in organic affections of the heart; 2dly, That the vascular ramifications on the surface of the clots prove that they were about to be organized, a fact, however, which has been frequently observed; 3dly, That it rarely happens that the destruction of the bodies of the vertebræ, by an aneurism of the aorta, proceeds to such an extent, that the tumour comes in immediate contact with the spinal mar-

row. M. Andral only knew one case of this kind. M. Laennec then recalled to the recollection of the meeting, that he had presented to its notice, on a former occasion, a case of aneurism of the aorta, with destruction of the body of the vertebræ, incipient alteration of the dura mater, compression of the spinal marrow, and in which case an attack of paralysis had supervened at the moment of the rupture of the aneurismal sac.

Absence of the Uterus.—M. Renauldin presented to the meeting the genital organs of a female, in which the uterus was wanting. The woman, 52 years of age, had died of a cancerous affection of the stomach; she was of an exceedingly small stature, being only three feet and a half in height; her intellectual faculties had never developed themselves, the menses had never appeared, nor the least development of the breasts taken place. The parts of generation were well formed externally, the hymen existed in part, and the finger, on being introduced up the vagina, instead of meeting with the neck of the uterus, was opposed only by a very small tubercular body. Between the bladder and the rectum, in the place of the womb, there was a sort of resisting chord of the size of a pin, communicating at one end with the vagina, and at the other with the Fallopian tubes; the tubes were considerably enlarged at the point, where they terminated in this canal, forming at this part a kind of small sac; some slight rudiments of the ovaries were discovered. On making a section of the vagina and the canal, it was very evident that the first was properly developed, and that the second, of an inch in length, was, from its consistence and organization, the neck of the uterus, the body and fundus of that organ being entirely wanting.

Displacement of the left Kidney in a Child born before the full time, and some peculiarities in the Vascular System resulting from it.—By M. Martin.*

The subject of this paper is a male child, small, weak, born before the full time, and two days old when it died. It was thirteen inches and three quarters in length, and weighed between three and four pounds. The digestive apparatus presented nothing remarkable; the mucous membrane only of the stomach presented some red semicircular streaks. The small intestines had a white tint, as well as the large, which were distended with meconium. The liver was black, much gorged with blood, and of an extraordinary size. The respiratory organs presented nothing remarkable; the right lung was healthy; the left was gorged with blood at its posterior surface. The ductus Botalli, and the ductus arteriosus, were open. The cerebral substance was throughout red, and the inferior vessels of the brain much injected.

Urinary system, and blood-vessels belonging to it.—The left kidney was found in part placed in the excavation of the pelvis. It was connected by its posterior surface with the last lumbar vertebra, and the anterior and superior portion of the sacrum; its anterior surface was concealed by the peritoneum, which covered it immediately in its whole extent, as well as by the rectum, which crossed it anteriorly. The inner edge was exceedingly concave at its middle portion; the origin of the ureter was seen, and the outer edge was convex, and of a spherical figure, and along the side of it passed the common iliac artery, which, arriving at the place of its bifurcation into the external and internal iliacs, was still covered by the edge of the kidney. The superior portion of the kidney was placed in the angle formed by the two common iliacs, the inferior in the pelvis behind the bladder and the left umbilical artery. The left renal artery proceeded from the anterior superior portion of the left common iliac, as near as possible to its origin; its calibre was not at all inferior to that of the right renal, situated in the angle formed by the common iliacs; it proceeded from above downwards, along the anterior surface of the base of the sacrum, to the kidney. There was, besides this, another smaller artery distributed to the kidney; this arose from the posterior superior and internal part of the left common iliac, proceeded upwards, on the outer side of the renal, between it and the sacro-median. The sacro-median arose from the posterior superior and internal part of the right iliac, opposite to the vessel just described; it was small, and passed between the preceding and the right common iliac, but lower, between the ureter and internal surface of the kidney, till it at last reached the top of the os coccygis, between the rectum and the anterior surface of the sacrum. The right renal artery was of the same calibre as the left, took its origin at the usual

* Annales des Sciences Naturelles, Jan. 1826.

place, about a line and a half from the superior mesenteric. The vena cava crossed this artery. The right kidney had nearly twice the size of the left; its ureter, which arose immediately below the renal vein, was longer than the left. The right diaphragmatic artery arose from the fore part of the aorta; it was very small, and took a course from below upwards. The cœliac arose from the anterior and middle portion of the aorta, a line below the diaphragmatic, and was of a similar size to the renal. The superior and inferior mesenterics took their origin, as usual; the left diaphragmatic arose from the side of the aorta, nearly opposite to the one on the other side. This artery was exceedingly small. Between the cœliac and superior mesenterics on the right side, the capsular artery arose, equal in size to the superior mesenteric; on the left side there were two capsular vessels the one equal to the renal, the other to the left diaphragmatic. The course of the large intestines was in some degree deranged by the left kidney; indeed the rectum, resting on the anterior and superior portion of this kidney, was carried very much upwards, and instead of reaching the left iliac fossa, was carried horizontally into the left flank. The testicles, which were rather large, had already descended into the scrotum.

Remarks on the above case, by M. Geoffroy Saint Hilaire.

From the philosophic impulse given to researches on monstrosities, in the present day, we have learned that there exists no organic derangement without their depending on a new ordinance, and casting aside all the efficient causes of the regular functions. If this be true, we ought to return successively to the parts of the monstrosity, although for the most part they might have been observed before; for it ought now no longer to be a question about uniformly qualifying them by *vices of conformation or displacement of parts*. Under the influence of these ideas I examined, with a lively interest, the case of a kidney descended into the pelvis, forming the subject of the preceding article. It is a simple case, and consequently a less complicated problem, and one more easy of solution. The kidney alone, displaced without the capsula supra renalis, showing the independence of these parts, and particularly the renal artery, arising from the bifurcation of the two iliacs, engaged my attention. For I see myself brought into this dilemma,* either that the principle of connexions will be seriously attacked by the displacement of this artery and must give way, or it will raise itself by affording us new light on the character of primitive formations. It now remains to be examined, if we cannot reconcile the value of the principle of connexions with that of a real displacement of the arteries. First, let us recollect that we have set out in order to establish the principle of connexions from the osseous and cellular systems; for within the compass of these considerations the principle of connexions has not appeared to me to offer any exceptions. But it will be said, are not these organic products, in regard to the arterial system, results of the generative system? Must we then admit constant effects engendered by variable causes? Undoubtedly not, for this is evidently impossible. If this be the case, where shall we find the explanation of the difficulty? It is, I think, in the necessity of establishing a distinction between the two extremities of the arteries. In fact, an artery is only a generator at its confluent extremity; it is at this extremity that it must fail when the principle of connexion is attacked; and it is to the other extremity that the case of M. Martins bears a relation. In fact, another principle which changes and remodels the bases of anatomical science, the principle established by one of the most ingenious and profound anatomists of modern times, viz. *that all the first formations proceed from the circumference to the centre*, appears to us to afford a key to these anomalies; for it is not only the bones, muscles, and nerves which are subjected to this order of development, but also most essentially the vascular system.—This begins in the integuments of the being about to be created; it continues to spread previous to its forming into groups, and before several of its interior branches meet and anastomose to form the heart. Several organs of the embryo form at the same time, among others, the kidney or the thread of vessels which then represents it. All these organs open at a common reservoir, containing the fluid which is to be afterwards raised to the state of blood. There it is that a band of the nature of those which, according to my opinion, form the commencement of the monstrosity attaches to the membranes of the ovum, the ves-

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* Here M. G. Saint Hilaire is alluding to the system which he has developed in his admirable work, entitled, *Philosophie Anatomique*. 2 vols.—Ed.

sels of the kidney. With respect to the capsula supra renalis having remained in its place, whilst the kidney was displaced, I shall take an early opportunity of explaining my views.

Physiology.

*Inspiration the principal Agent in Venous Circulation.**—We noticed, in a former number,† the experiments of Dr. Barry on this interesting subject, and it is principally for the purpose of attending to a practical suggestion afforded by these experiments, that we now return to them. As might be naturally expected, ever since Dr. B. made known his views on the influence of respiration or circulation, it has been attempted to detract from his merits, by asserting that the same thing had been known long before. The great difference, however, between Dr. Barry's views and those of Haller, and others on this point is, that the latter regarded the heart as the primitive cause of the vacuum which operates in the system, whilst Dr. B. attributes the dilatation of the heart itself, and of its proper auricles, to the tendency to form a vacuum which takes place in the whole cavity of the chest during inspiration. In the Report accompanying this memoir there is a subject alluded to of the highest importance, viz., that the act of inspiration which produces the vacuum, and consequently the flow of blood into the cavity of the thorax of those animals which have lungs, is not sufficient to explain the movement of the blood in the veins of reptiles and fishes, which have another mode of respiration, the same coincidence of action not taking place between inspiration and the entrance of venous blood into the heart.

M. Barry is so strongly convinced of the action of the atmosphere on venous absorption, that he regards, as a sure means of preventing the absorption of poison into the system from wounds, the application of a cupping glass on the injured part. From experiments made with reference to this point, the opinion has been verified; nay, more, it has been found that the application of a cupping glass to a poisoned wound, even after a part of the poison has been absorbed, prevents the development of any bad symptoms. It must have been in allusion to this remarkable effect that Celsus employed the following passage—"Utique autem si rabiosus canis fuit, cucurbitulâ virus ejus extrahendum. Repentium quoque morsus non nimium distantem curationem desiderant; venenum extrahendum est: id cucurbitula optimè facit." Although it appears that the remedy was not unknown to Celsus, still we are indebted to Dr. B. for an explanation of the principle on which its modus operandi depends.

* Recherches Experimentales sur les Causes de Mouvement du Sang dans les Veines, par David Barry, M.D, avec le Rapport de M. le Baron Cuvier et de M. le Professeur Dumeril. Paris, 1825.

† Vide LANCET, Vol. X., No. 5, p. 110.

M. Flourens, in a work* recently published, *Experiences sur le Systeme Nerveux, par M. Flourens, Paris*, 1825, has shown, by the most careful experiments, 1st, That wounds of the brain, without loss of substance, cicatrize by the immediate reunion of the divided parts; 2nd, That those with loss of substance are followed by a cicatrix, which does not prevent the functions of the brain being re established; and 3d, That there is an immediate and absolute cause of deafness viz., the destruction of the nervous expansion of the vestibule or of the auditory nerve itself.

Muscular Contraction.

It was known by the galvanic experiments, and the microscopic observations of Prevost and Dumas, that the muscular fibres, parallel and rectilinear, in a state of repose, contract in zigzag at the expence of their length, and the expanded nervous bundles constantly occupy the angles of flexion of the muscular fibres, as if the approximation of these nervous filaments were the cause of the contraction of the muscle; but it remained to be known whether the muscle which diminishes in length gains as much in breadth, or, in other words, if it changes form without any alteration in size. M. Bazotti has proved this last proposition in the following manner; he suspended the posterior half of a frog in a flask, mounted with a graduated tube filled with water; then, by the assistance of the galvanic battery, he produced contractions in the animal without any rising of the water in the tube being the consequence.

Monstrosities.

M. Geoffroy Saint Hilaire, in a recent meeting of the Academy of Medicine, communicated verbally some very curious details on the various anomalies in the organization which result from the diffe-

* Vide LANCET, Vol. IX., p. 489.

rent positions of the egg submitted to incubation: thus, for instance, the vertical position, impeding the development of the chicken, produces a peculiar kind of monstrosity. M. G. St. Hilaire has promised fresh details and experiments, which we trust will throw some important lights on the formation of the different monstrosities.

Pathology.

Diseases observed at the Hotel-Dieu in the Clinical Wards of Professor Recamier, during the fourth trimestre of 1825.*—The number of patients admitted into the Clinical Wards during this quarter, amounted to a hundred and thirty-nine, viz., seventy-seven men and sixty-two women, of which twenty-two died. A hundred and seven were attacked with acute and thirty-two with chronic affections. The acute complaints, which prevailed during the autumn, particularly consisted of catarrhal fevers. Inflammation of the air passages was rather common, and especially pleuro-pneumonia. The small-pox, which has prevailed for half a year, still continues, but with much less severity than in the preceding months. The other diseases of the season were affection of the pleura, rheumatism of the joints, intermittent fevers, erysipelas of the face, scarlatina, anginæ, &c.

Intermittent Fever.—Rest, restricted diet, and cooling drinks were generally sufficient to remove the quotidian form of this complaint. In three cases of tertian intermittent, one amended after the use of a purgative; the two others were treated by evacuations of blood, both general and local; in the one case with success, but in the other symptoms of biliary derangement occurred, which, in addition to the bleeding, required the use of emetics for their removal. The action of the sulphate of quinine is so different in different subjects, that we cannot abstain from mentioning the case of a man who had laboured under a quartan for five weeks, which was completely checked by four grains of this medicine. Although we see some physicians never administer the quinine but in very weak doses, as from two, four, or six grains at the most, and that with the view of not exciting any internal inflammation, which is frequently the cause of intermittents, we will still observe, that in certain individuals, the only way of obtaining from this medicine any success, is to give it in large doses, from twelve, sixteen, twenty and twenty-four grains.

Affections of the Brain.—Of five patients attacked with cerebral affections, one alone survived. Two came into the hospital in a state past amelioration, one even died a few hours after admission; his symptoms were profound coma, dilatation of the pupils, which were also insensible to the light; a considerable rigidity of the superior and inferior extremities, with alternating spasm of the muscles of the face and arms; the sensibility of the different parts of the body would be excited by a strong stimulant, as a blow with the hand. On examining the body, considerable congestion of the pia mater and inflammation of the arachnoid, of the lateral ventricles, with a considerable effusion of flaky serum into these cavities, were observed. In another woman who recovered from inflammation of the brain, there was a suppuration of part of the left hemisphere found in this case, and paralysis of the right side had existed some time before death.

The next case of cerebral affection recorded is interesting. The patient was a man forty-two years of age, and for a few days prior to his death laboured under the following symptoms: aphony, insensible and contracted pupils, power of the locomotive system, rigidity of the neck and trunk; in the beginning he had no fever, was perfectly sensible, and free from coma. Leeches were applied to the neck, and cupping glasses along the spine; he tried baths and the tartar emetic in large doses, but without effect. The inspection afforded no satisfactory explanation of the complaint; there was no alteration in the anterior lobes nor any other part of the brain, if we except the fornix, which appeared slightly softened.

Affections of the Chest.—The inflammation of the mucous membrane of the air passages presented nothing very remarkable. The pulmonary catarrh yielded easily to the exhibition of antiphlogistics, seconded in some degree by the application of blisters between the shoulders. One patient only died of inflammation of the minute ramifications of the bronchia, they were found of a highly livid colour, and this colour diminished in intensity in proportion as it approached to the root of the bronchial tubes. Among seven persons affected with pleuro-pneumonia, one died. This patient was bled six times in a very short period; the difficulty of breathing, which formed the principal

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* Revue Medicale, April 1826.

symptom, did not however diminish, and the young man died on the twentieth day of his illness. The right lung was hepatized in several places, the two layers of the pleura adhered to each other to a considerable extent, and the left lung was œdematous at its posterior part.

The diseases of the heart consisted of contractions of the orifices and hypertrophy of the ventricles. Two patients attacked with the first of these complaints experienced remarkable relief from the employment of leeches. The third, as well as the two who presented signs of hypertrophy, died at the commencement of January, just as the cold began to set in with great severity; and a fact worthy of remark is, that they all died within a few hours of each other. We see from this, what indeed we have several times had occasion to observe, the influence of atmospheric causes on the fatal termination of certain diseases, and we again mention it as capable of affording useful data in the treatment of similar complaints.

The other diseases mentioned in the report present nothing worth transcribing; the treatment at present in vogue at the Hotel Dieu, and many of the other Hospitals at Paris, consists in the application of leeches, and the exhibition of the tartar emetic, in nauseating doses; it is the contra-stimulating plan as recommended by Rasori, and since so warmly advocated by Tommasini of Bologna. It is not, however, in affections of the chest only that the tartar emetic is at present employed in such large doses; but also in cerebral affections, in severe continued fevers, and other complaints in which Rasori himself would not have ventured to employ it. We even find it mentioned (*Vid. Nouvelle Bibliotheque*, p. 108, Jan. 1826,) that this powerful medicine was prescribed in a severe attack of dysentery, at the rate of *eighteen* grains per diem!

On the causes of Inflammation of the Veins, and in particular of those of the Brain—By A. N. Gendrin.

Inflammation of the veins is not an affection recently discovered, since Aretæus* has described a disease, which he regarded as an inflammation of the vena cava. Still, before the latter part of the last century, our ideas on this disorder were vague, and especially prior to the appearance of the writings of Schmuck,† Hunter,‡ Sasse,§ and Travers.‖ These writers, in illustrating their researches by anatomical observations, commenced by making thoroughly known an inflammation, respecting which Morgagni had collected several facts. Since these authors several practitioners have directed the attention of the profession to an inflammatory affection of the veins, and have enriched science by the result of their observations. Inflammation of the veins, is sometimes produced by the act of bleeding, particularly when it is performed by a rusty instrument. The inflammation has invariably its seat in the part of the vessel superior to the incision. If the veins can assume an inflammatory diathesis, after the simple incision made during bleeding, it is still more likely that they should take it on in more extensive operations performed on the veins. Thus this complaint has been observed after ligatures on veins, or division of these vessels for the cure of varix. Travers quotes several instances, and both Osiander and Meckel have seen inflammation of the umbilical veins, and consequently of the vena porta, developing itself after a ligature on the umbilical chord. If veins become inflamed sometimes by the simple incision of a part of their trunks, they are also frequently attacked with inflammation after large operations, especially if the surface of the wound has been much irritated: for this remark we are indebted to John Hunter.

We have dissected with care three persons who died from lithotomy, one from the high, the other two from the lateral operation, and in the three cases we found inflammation of all the abdominal veins, even into the vena cava. This we are convinced is often the immediate cause of death in cases which terminate fatally after the operation for stone. In the animals on which we made large and extensive wounds, for the purpose of studying the process of cicatrization, we were able in several cases to

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* De Causis et Signis Acut. Morb. cap. viii. Lib. ii.

† Dissert. sistens. obs. med. de vasorum sanguif. inflam. Heidelberg, 1794.

‡ Medical and Philosophical Commentaries, vol. iii. p. 430.

§ De vasor sanguific. inflam. dissert. Halæ, 1797.

‖ On Wounds and Ligatures of the Veins.

trace by dissection the inflammation of the veins which were concerned in the wounds as far as the principal trunks. In the cases we have mentioned, the affection is the effect of irritating causes applied directly to the vessels, and this cause is frequently nothing more than the product of inflammation introduced into the venous trunks by absorption, and acting thus totally on the parietes of the vessels. Inflammation of the veins developes itself sometimes without any assignable cause, as, for instance, in the short veins in persons in child-bed. The veins which are the most frequently inflamed, cæteris paribus, are those of the extremities, especially the lower extremities: those of the pelvis may be classed in the second order. We possess but few instances of the thoracic veins, and still fewer of those of the brain being inflamed. Dr. Abercrombie has inserted, in the *Edinburgh Medical and Surgical Journal* for July 1818, some cases of inflammation of the cerebral veins, and in the *Revue Medicale*,* for July 1825, M. Ribes mentions a case of inflammation of the superior longitudinal sinus. The following case, which we had an opportunity of observing, seems to present a similar affection, which appears the more remarkable as the cerebral inflammation appears to have been connected in its development with that inflammatory state of the veins.

Case. Madame M., ætat. 22, of a strong constitution, high stature, and in good condition, was safely delivered of her third child. She had never been attacked with any serious complaint, nor experienced an uneasy symptom during her pregnancy, excepting a slight headache, within the last month of her time. The headache continued just the same, till the seventeenth day after pregnancy, when it became worse, and was attended with pains in the left ear. On the following day this was succeeded by symptoms which threatened an attack of inflammation of the lungs. Leeches were applied to the epigastrium and the arms, the veins of which could not be found. Towards evening, after a sleep of three quarters of an hour, Madame M. perceived, on waking, that her right arm was swollen, and that she could not move it; the leg of the same side was also swollen; on the 18th day, the paralysis increased, the tongue became impeded in its motions; on the 19th the paralytic symptoms made fresh progress, she was then bled both from the arm, and by means of leeches applied to the temples.

On the 19th day after delivery, (Feb. 1, 1826,) I, in conjunction with two consulting physicians, found the patient in the following state: pupils fixed; tongue moist, but could not be brought out of the mouth, it was not turned to either side; no rigidity of the neck, right arm entirely insensible and deprived of motion, no stiffness; the right leg equally free from stiffness, but preserved its sensibility. The patient could not retain her urine, but still was conscious when it passed from her; she could only articulate *oui* and *non*: the sight and hearing of both sides remained unimpaired; smell was also good. Exhalation from the skin; pulse from 90 to 95 in the minute, full and hard. On exploring the chest, slight rattle was heard anteriorly and on the right side; the respiration was not impeded. The patient made known by signs that she was suffering on the left side of the head. These symptoms increased, and on the 8th of February (26 days from her confinement) she could not articulate the smallest syllable; her countenance was fixed and debilitated, the teeth fastened together; the right arm contracted and semiflexed on the stomach, the left arm in a continual state of agitation; the pulse was very frequent, strabismus; particularly of the left eye, the catamenia had appeared. These symptoms increased, and at eight in the morning she died.

Inspectio cadaveris.—After removing the calvarium, a longitudinal incision of the dura mater on the right side of the falx, showed that the middle vein of the cerebrum was very much swollen and tortuous, especially on approaching the falx, where it was about to open into the superior longitudinal sinus; it was of the size of a common pen. We found it filled with a yellow puriform matter, which obliterated its cavity. In the course of this vein, the arachnoid was of a transparent white colour. The corresponding vein on the opposite side was in the same state. In detaching the falx, we remarked along its surface a tumour from two to three inches in length, and from ten to twelve lines in thickness. This tumour, on which could be distinguished the tissue of the arachnoid, and of the dura mater in the healthy state, occupied the course and situation of the superior longitudinal sinus. On dissection, it appeared formed of a greyish cellular tissue, and was filled with pus. The whole cavity of the sinus war thus degenerated. The lateral ventricles were empty. On

* Vide Lancet, Vol. VIII., p. 307.

making a longitudinal section of the left hemisphere, we discovered considerable disorganization in all the posterior, and in a great part of the middle lobe on the outer side of the lateral ventricle. This was formed by an infiltration of yellow pus into the cerebral substance. There was also an effusion of serum at the base of the cranium. The other parts of the body were in a sound state.

SURGERY.

Operation for Stone—Controversy between M. Vacca Berlinghieri and Scarpa.

Most of our readers are aware of the discussion which has taken place within the last two or three years, both in France and Italy, on the recto-vesical operation. The most interesting part of the controversy occurred between Vacca Berlinghieri, professor of surgery at Pisa, and Scarpa, formerly professor at Pavia, the substance of which (consisting of six memoirs) was published by the late Pavian professor last year, and has been since translated into French by M. Ollivier. Berlinghieri appears to have given up the recto-vesical operation, of which he was formerly so warm an advocate, and, in the fourth Memoir before us, has recommended the following operation for the stone:

Operation in the Male.—Besides a common straight scalpel, Berlinghieri uses a straight knife, fixed at the handle, and having at the point a rounded knob, two lines in length, and which can move easily in the groove of the staff. The patient being placed in the same situation as for the recto-vesical operation, the surgeon puts the integuments of the perinæum on the stretch, taking care, however, not to draw them too much towards the scrotum, and then makes an incision at the edge of the anus, from that point upwards, along the raphe, and towards the scrotum. The incision is from twenty to twenty-two (Paris) lines in length, and embraces the fibres of the internal sphincter of the anus, which forms in front a plain triangular surface, the ejaculator urinæ, and the bulb of the urethra. The groove of the staff is then sought for with the point of the fore finger of the left hand, which is carried into the anterior angle of the wound, and the common straight scalpel is introduced, with which the parietes of the urethra in the whole extent, corresponding to the external wound, is divided. The operator then takes the blunt pointed knife, which he introduces into the groove of the staff towards the posterior angle of the incision in the urethra, at the same time taking hold of the staff, which in every case is raised against the arch of the pubis, by being inclined a little in front. The knife is carried into the bladder to the extent of an inch, and from below upwards, according to the direction of the staff; the handle is then raised towards the scrotum, the point of the blade is naturally out of the staff, which up to the present time has been kept in the same situation, and a small portion of the back resting supported against the staff. In withdrawing the knife in this direction, not only the neck of the bladder and the prostate are more or less divided, but also the membranous portion of the urethra, and the cellular tissue surrounding it, parts which had been but scarcely touched in the introduction of the knife. The instrument being withdrawn, the surgeon assures himself that the incision is sufficiently large, if it is not, the knife must be carried along the fore-finger of the left hand, and in this way the incision enlarged. In extracting the stone, the convexity of the forceps must be carried as much as possible towards the angles of the incision, in order to avoid the internal surface of the urethra, and the exterior of the rectum being irritated by the calculus, which is rather made to pass between the tuberosities, than the rami of the ischium.

Vacca's Operation in the Female.—The patient being placed as in the ordinary operation for stone, so that the pelvis should be more elevated than the rest of the body, a few ounces of luke-warm water are injected into the bladder by means of a syringe, for the purpose of distending its parietes, and making them project in the vagina. If the patient cannot retain the liquid in the bladder, the orifice of the urethra must be compressed by an assistant. A kind of forceps is then introduced into the vagina, the concave extremity of which enclose the os tincæ, whilst its flat surface rests against the posterior parietes of the vagina. The forceps is then confided to an assistant; the operator carries the fore-finger of the left hand into the vagina, precisely in the point corresponding to the neck of the bladder, and directs along the finger the *bistouri caché*, which he then sinks into the bladder from below upwards, and before backwards. The

flow of urine announces the entrance of the instrument into the bladder; he then opens it and withdraws it, by elevating the handle towards the pubis. The finger is then carried into the wound to ascertain the size of the stone, and enlarge the incision if necessary. The extraction is effected in the common mode. It is of the highest importance to assure one's self by the finger, in the most positive manner, of the situation of the bladder before the introduction into its cavity of the histouri caché, because it might enter on one side, if care were not taken.

In reference to these two modes of operating, Scarpa makes the following observations, first as respects the male then the female:

Letter of M. Scarpa to Vacca Berlinghieri, Professor of Surgery at Pisa.

Sir,—If according to your new mode of operating, a perpendicular incision is made before the anus, and which incision accurately divides the median line of the perinæum, the neck of the bladder may be afterwards divided laterally with ease, notwithstanding the external direction of the wound, by a suitable inclination of the handle of the staff towards the right groin of the patient, and this without fear of wounding the left vas efferens, the top of the corresponding vesicula seminalis, or the rectum. But the case is, that the internal wound, which is oblique towards the tuberosity of the ischium, bears no relation to the external one made on the raphe of the perinæum; moreover, if a sufficient inclination be not given to the catheter, merely to avoid the verumontanum, the deep incision will necessarily follow, nearly perpendicular on the prostate, and then beyond the substance of the gland on the superior parietes of the rectum; if, in order to avoid this accident, the neck of the bladder and the prostate are only slightly cut, instead of being properly divided, then the opening of the wound is not sufficient, and will only admit of the extraction of small calculi, or small fragments of the stone.

The external incision performed perpendicularly on the raphe of the perinæum, according to the rules which you lay down, present moreover real inconveniences. *First*, although its length ought to be twenty-two lines, there is only really the portion enclosed between the margin of the anus and the base of the bulb of the urethra, *i. e.* only one inch for the passage of the stone. The remainder of incision, if it were further lengthened on the penis, would not facilitate, in any way, the extraction of the calculus. The two angles of the incision are not capable of been equally dilated, because the direction given to the blades of the forceps is such that the bulb of the urethra being pushed directly upwards against the arch of the pubes, the superior angle of the wound offers a considerable resistance to all farther separation; and on the other hand, the inferior angle, situated in the midst of integuments possessing great thickness, is just as little capable of dilatation, as it corresponds to the fibrous and muscular tissues which intimately unite the bulb and the membranous portion of the urethra to the corresponding part of the rectum. Besides the irritation caused by the presence of the forceps and the calculus produces the contraction of the fibres of the internal sphincter, which is attached to the bulb, and that of the levatores ani, the action of which is concentrated towards the inferior angle of the wound, and thus contributing to prevent the dilatation in this direction.

The external incision made perpendicularly along the raphe of the perinæum, is performed in the part the most remote from the orifice of the bladder, and presents also the inconvenience of dividing in the middle the bulb of the urethra. Not only is this division of the bulb unattended with any advantage, but it also becomes the cause of hæmorrhage when the calculus is withdrawn. I am perfectly willing to accord, that in children this division merely gives rise to the flow of a small quantity of arterial blood, which immediately ceases on coming in contact with the air, and a slight venous bleeding, but in adults, and especially in aged persons, the arterial hæmorrhage is sufficiently extensive to demand the prompt application of a ligature. The two tranverse arteries of the perinæum furnish on both sides two or three considerable branches, which are distributed to the bulb, and divide in such a large number of ramifications, that it is difficult to find all which furnish the blood, and to tie them conveniently; thus from the disposition of the arteries I am at a loss to conceive, how this accident did not occur in the two first patients operated on by you according to the new plan, the one sixty-three, the other forty-five years old. The merits of your operation cannot, I think, be better appreciated, than by comparing them with the operation of Cheselden, viz. the lateral operation, properly so called.

1. We have seen that, in making the incision in the middle of the perinæum, and to the extent of twenty two lines, there are only twelve lines of that opening

which serve for the passage of the stone, and the two angles of the wound are not capable of equal dilatation and extension. In the lateral operation, the external incision, which commences above and to the outerside of the anus, is carried obliquely towards the left tuberosity of the ischium, includes the integuments, levator ani, transversalis perinæi, and opens a passage in the middle of the triangular space formed by the erector penis, ejaculator urinæ, and transversalis perinæi. This wound, two inches or more in length, is susceptible of a remarkable dilatation in every direction; and if it be necessary to depress the rectum, to admit of the more easy extraction of the stone, the pressure is not employed as in the new method, on the point where this intestine is intimately connected with the perinæum but where it can be easily pushed towards the coccyx; on the other hand, the bulb of the urethra instead of offering a considerable resistance to the extraction of the stone, is in the lateral operation simply turned to one side.

2. In the new method, the internal incision (if it is always made according to the manner in which the knife is withdrawn from the bladder,) is performed so as to prevent the vas efferens and rectum being injured, but it bears no relation to the external incision; independently of this, the course which the stone must take on being withdrawn is the longest which can be made in the substance of the perinæum, and does not correspond to the widest separation of the rami of the ischia. In the lateral mode, on the contrary, the external wound is equally in the same direction with the neck of the bladder, which is completely divided; the passage is the shortest to arrive at this organ, so that during the removal of the stone, when the one end is at the neck of the bladder the other is to be found between the edges of the outer wound; and in addition the stone passes through that part where the rami of the ischia are widely separated.

3. In the new method, the division of the bulb is not only useless for the extraction of the stone, but gives rise to hæmorrhage as mentioned above; in the lateral operation, the bulb remains untouched, and the internal incision only divides the membranous portion of the urethra, below the transverse artery of the perinæum, which is not exposed to be wounded.

From these different considerations, I think that the new operation presents no advantages over the lateral operation of Cheselden; and the more I study the former, the more I am convinced of the advantages of the latter, an operation which is founded on the most accurate notions of surgical anatomy, and is marked by a superiority over all the modes proposed for the extraction of the stone from the bladder.

II. I have declared to you freely my opinion on the new plan, which you have recently put in practice on the human subject; I must also tell you that the experience of others, as well as my own, has proved, that the high operation in the female is not so serious in its consequences as you imagine, especially in the cases where the stone is of a moderate size, and the bladder healthy. Nevertheless the *vagino-vesical* operation ought not to be rejected, because experience has shown, that it is never followed with vesico-vaginal fistulæ, and that the linear cicatrix, which results from the division of the texture common to the bladder and the vagina, does not prevent the dilatation of the latter in labour. I approve, then, entirely of your mode of operating on the female; it only appears to me that the operation would be more prompt if the bistouri which you used, instead of being straight, were a little curved towards the point, and if the injection of the water into the bladder was done by an assistant at the moment when the finger of the operator, introduced into the vagina, directs the point of the instrument towards the bladder, the fundus of which is rendered prominent by the injected fluid. I remain yours,

A. Scarpa.

Professor Vacca Berlinghieri.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Abdominal Tumour.

James Baker, ætat. 26, of sallow complexion and spare habit, was admitted into Job's ward, under the care of Mr. Key, on account of a tumour in the abdomen. The tumour is about the size of a half quartern loaf, situated under the abdominal muscles, extending from the symphysis pubis to the umbilicus, and occupying the fore part of the abdomen. It is firm, somewhat elastic, and, as far as can be felt through the parietes of the abdomen, has a regular surface; its edge is well defined, it is moveable and not very painful on pressure.

The disease is of twelve months' standing, and the patient states, that when he

first discovered it, it was the size of a small orange. He was lying in bed when he felt it, and he attributed its formation to over exertion at a game of skittles on the preceding evening.

From this period, however, his health began to decline; he was occasionally attacked with fits of vomiting, and threw from his stomach at each time a quantity of green bilious fluid; his bowels also were obstinately constipated, and he gradually became weak and emaciated. He says that the tumour attained its present size, within a month after the time he discovered it.

At the request of Mr. Key, Sir Astley Cooper saw the patient. Both these gentlemen were of opinion that it was a mesenteric tumour. The following plan was directed: Two grains of the *hydriodate of potash* to be taken three times a-day, and the *hydriodate ointment** to be rubbed over the abdomen night and morning. In the course of a few days the dose of the salt was increased to three grains, and eventually augmented to four grains, which dose he continued to take for several weeks. There was no decided effect produced by the medicine; the tumour did not lessen, but the patient's general health became much improved, and after remaining in the Hospital upwards of two months, he left of his own accord.

Upon visiting him one day, about a month after admission, we found him vomiting a greenish fluid, and complaining of much pain in the abdomen, with a sense of constriction extending to the lumbar region. This attack proved very distressing and obstinate, the sickness continuing throughout two days. Various means were resorted to, without producing any sensible benefit; at length the application of a mustard poultice to the pit of the stomach gave much relief.

Case of Phymosis, with Sloughing of the Penis.

W. C. ætat. 17, of pale complexion and spare habit, was admitted into Samaritan's ward on 26th of April, under the care of Mr. Key.

He contracted sores on the inside of the prepuce ten days before admission, and three days after their appearance, the penis began to swell, and he experienced difficulty in retracting the foreskin. It appears that he went on pursuing his customary employment, at the same time allowing the penis to hang down unsupported. The swelling and inflammation increased greatly, attended with great pain, and much constitutional disturbance. A small dark spot now made its appearance on the integuments of the upper part of the penis, and he resorted to the application of poultices.

Gangrene having thus commenced, spread with great rapidity. When admitted into the Hospital, the whole of the integuments of the penis up to the pubes, were in a complete state of gangrene; the pulse was small and quick; the countenance pale and anxious; the tongue covered with white fur, but moist.

The patient was ordered to keep his bed, and the *London treacle poultice* to be applied to the sore.

On the following day (27th), he was seen by Mr. Key; the prepuce was now slit up, and the glans exposed. On cutting through the integuments, it was seen that they were spongy and quite destroyed; the glans penis too appeared to be involved; it was insensible to the touch, and had a livid appearance. From the circumstance, however, of the patient being sensible of the introduction of a probe a short distance into the urethra, Mr. Key was inclined to think the gangrenous inflammation had not destroyed the deeper-seated parts.

The patient passed a restless night; the pulse is of the same character as yesterday. Mr. Key directed the poultice to be continued, and the following medicine to be exhibited every five hours:

Carbonate of ammonia, 10 *grains*;
Tincture of henbane, 20 *drops*;
Decoction of bark, 2 *ounces*; mix.

29. There is a dark bloody oozing from the parts; constitutional symptoms much the same. Contin. remedia.

30. Considerable hæmorrhage came on last night from the upper part of the penis, in consequence of which, by the direction of the dresser, spirit of turpentine and flour were applied to the penis; afterwards the turpentine alone was applied, by means of rags made wet; the warm poultices were discontinued. The pulse continues quick and irritable; he gets but little sleep; tongue moist; bowels open.

May 2. There is now a broad line of demarcation on the dorsum of the penis, nearly close to the pubis, and it is very evident that the whole of the penis will slough away. On raising the penis for the purpose of examining it, considerable hæmorrhage came on. The blood was of

* This ointment is prepared by adding one drachm of the hydriodate of potash to an ounce of adeps.

a bright red colour, and flowed from the situation of the dorsal artery of the penis. The turpentine has been continued as an application since the last report, and there has not been much bleeding.

4. The disposition to hæmorrhage has ceased; the line of demarcation has greatly extended, and the parts which are sloughing emit an extremely offensive effluvium. The pulse preserves the same character as from the commencement, and the tongue continues moist. Mr. Key directed the *solution of the oxymuriate of mercury* (*P.L.*) to be applied to the parts, by means of pieces of lint made wet therewith, and over these a linseed meal poultice.

Sulphate of quinine, 3 *grains*;

to be taken every six hours.

7. The process of separation has gone on so rapidly, that the penis was only retained by a very slender portion, which Mr. Key cut through to-day with a pair of scissors, and thus removed the whole gangrenous offensive mass. There is an unhealthy surface at the point of separation, and the integuments above the pubes are much inflamed and excoriated; this is supposed to have arisen from the application of the turpentine.

Mr. Key was apprehensive that this state of the integuments might be kept up or increased by the warmth and moisture of the poultices, and therefore directed them to be discontinued. The oxymuriate solution to be applied to the surface of the sore, and a lotion of the superacetate of lead to be applied over the inflamed integuments.

9. The sore has somewhat of a phagedenic appearance. The parts above the pubes have nearly assumed their natural aspect; the pulse continues quick, and the tongue moist; the patient's appetite is good: he still complains of want of rest. The dilute nitric acid lotion to be applied to the sore, and over this a small linseed meal poultice:

Dover's powder, 8 *grains, to be taken at bed time*;
Sulphate of quinine, 3 *grains*;
Capsicum, 3 *grains, to be taken every six hours.*

11. The surface of the sore is becoming clean; the corpora cavernosa look healthy, but there is a little slough beneath them. Pulse quick, but with more tone, and less irritation. He has slept better since the exhibition of the Dover's powder. Omit the poultice; continue the nitrous acid lotion to the sore, and the use of the internal remedies.

13. The surface of the sore looks clean, with the exception of a small part. The following lotion was directed to be applied in lieu of the nitrous acid lotion:

Muriatic acid, 1 *drachm*;
Nitric acid, 25 *drops*;
Water, 1 *pint*; *mix.*

17. The remaining portion of slough is thrown off, and at the upper part the sore has begun to granulate kindly. He continues to use the lotion, and to take the quinine and capsicum. The patient's general health is evidently improving.

22. Sore nearly healed. Contin. remedia.

26. On visiting him to-day, Mr. Key ordered the medicine to be discontinued; the parts are quite healed, and he only complains of debility. The opening into the urethra is very small, and a bougie has been passed by the direction of Mr. Key; this occasioned some pain and irritation.

The patient will leave the Hospital in the course of a few days.

The cases admitted by Mr. Key into the Hospital on Wednesday April 17th, were as follow:

Males—Disease of the bladder; staphyloma; cancer of the lip; abscess of the thigh; abscess in the axilla; herpetic eruptions; disease of the shoulder joint; abscess in the loins; chronic affection of the knee joint.

Females—Polypus uteri; hæmorrhoids; tic douloureux; irritable breast; disease of the spine.

The case of *diseased bladder* occurs in a countryman about 53 years of age; he has for twelve months laboured under symptoms somewhat resembling those of calculus in the bladder, and indeed was sent into the Hospital by a country surgeon, under the impression of his having stone.

The man has been sounded by Mr. Key; he is not able to detect stone, and as the symptoms have been very much relieved by the exhibition of 30 drops of the liquor potassæ and twenty drops of the tincture of henbane, three times a day, Mr. Key thinks they are referrible to irritation of the parts about the neck of the bladder. The prostate gland is enlarged, and this may probably be the cause of irritation.

The patient, at his own request, will leave the Hospital in the course of a few days.

In the case of *staphyloma*, the power of vision is entirely destroyed; there is a firm elongated tumour projecting between the lids, it is of a bluish colour, and is regular on its surface. The disease has been of several months' standing, and ap-

pears to have originated from disease of the cornea, induced by a spicula of barley getting into the eye. Nothing has yet been done for this case.

Cancer of the lip. This patient is 66 years of age, and has had the disease upwards of two years. He distinctly attributes its formation to the circumstance of putting a new pipe into his mouth, which stuck to his lip and thus occasioned him to pull off the skin. Shortly after, a warty excrescence appeared, which continued gradually to enlarge until November last, when it ulcerated. The parts were removed by excision on the 26th of May, and the edges of the wound brought together by sutures.

The remainder of the male cases do not present any thing worthy of notice.

The case of *polypus uteri* occurs in a patient about 38 years of age; it grows from the inside of the cervix of the uterus, being attached by a broad base, and hanging down into the vagina, but not protruding externally. Dr. Blundell has examined this case, and concurs with Mr. Key in the propriety of attempting the extirpation of the tumour by means of ligature. We shall give a further account of this case when the plan has been tried.

The cases of *hæmorrhoids* and of *irritable breast* do not present any thing particularly worthy of notice.

The case of *tic douloureux*, which is unusually severe, and the case of *diseased spine*, we shall report on a future occasion.

Mr. Key operated for femoral hernia on Saturday 21st May. The patient, a female, 50 years of age, is doing well.

ST. THOMAS'S HOSPITAL.

Amaurosis.

Case 1st.—J. F., ætat. 47, a carpenter, was admitted into Luke's Ward on the 13th of April, under the care of Mr. Tyrrell. He has perfect amaurosis of the left eye, and imperfect amaurosis of the right eye; there is strabismus or squinting, both eyes being turned inwards. The eye-ball is very unsteady, constantly moving about; the pupils are of a moderate size, and not obedient to light. The eye altogether has a dull, unnatural appearance; the vision of the right eye almost lost.

He says that a year and a half since he was attacked with violent inflammation of the eye, and that it continued for a long time, during which he had violent pains in his head of a shooting kind. He still complains of pain in the head, which is occasionally severe. The following plan of treatment was laid down April 15:

Blue pill, five grains,
Opium, one-third of a grain; to be taken three times a day.

A blister to be applied to the forehead.

26. Mouth sore from the mercury, has less pain in the head, vision slightly improved.

May 6. Continues to take the mercury, there is no improvement since our last report.

12. Mr. Tyrrell directed the extract of belladonna to be applied round each eye, the patient says that his vision is less clouded; the eyes appear less unsteady.

24. Complains of much pain in the head; for which a blister was directed. The belladonna to be omitted.

29. The pain in the head is diminished, the blister appeared to be decidedly serviceable. The blue pill and opium are still continued.

Since the patient's admission, his power of vision has certainly increased in a slight degree, but as Mr. Tyrrell observes, the cause of amaurosis in this case is probably beyond the reach of medical aid.

The patient still continues in the Hospital.

Case 2nd.—M. A. W., a delicate looking girl, was admitted into Elizabeth Ward, under the care of Mr. Tyrrell, on 13th of April. She has imperfect amaurosis of both eyes.

The patient states, that about eleven weeks ago, she was attacked with fever, she had violent pain in her head, and completely lost her faculty of hearing and power of vision. The fever continued throughout several weeks, and in fact she is only now becoming convalescent; she is very much debilitated, being unable to sit up. The sense of hearing gradually returned to her.

It should be observed, that previous to the attack of fever, her vision was very imperfect, she could not see to read or sow, but could discern objects. The first attack was four years ago, when she had violent beating pain across the forehead, for a long time, and as she describes it, her eyes felt swollen, and as if they would start from her head. Her mother now took her to Mr. Ware, but it appears not until the disease had become irremediable. After remaining some time under his care she left him with the imperfect state of vision mentioned above, when she was at-

tacked with fever, and deprived of her remaining portion of vision.

The eyes appear very bright; there is a very large dark pupil, which is not obedient to the impul e of light. She cannot in the least distinguish the nature of objects, but is sensible of their motion if it be made close to the eye.

The pulse is not very deficient in strength; there is a small ulcer over the trochanter major, produced by pressure during the fever. Mr. Tyrrell directed the application of a blister to each temple, and the exhibition of 5 *grains of quicksilver with chalk*, twice a day. A poultice of linseed-meal with black-wash, to be applied to the ulcer.

On the 17th of April, we find her vision improved, she can distinguish a difference of colour in the striped bed furniture, but on showing her a red handkerchief, she said it was dark.

26. The mouth is slightly sore, vision continues to improve; and she is gaining strength daily. The mercury only to be taken at bed time.

From this period to the 24th of May, she went on taking 5 grains of the hyd. c. creta., every night, when Mr. Tyrrell diminished the quantity to 3 *grains*.

On visiting her on the 29th, we found her vision so much improved that she could distinguish the situation of the hands of a watch. The pupils were much less dilated, and on exposing her eyes to the light of a window, they seemed to be very active, alternately contracting and expanding without the lids being closed. It seems that the eye is preternaturally sensible, exposure to light occasioning a flow of tears, and giving pain if persisted in. Her vision is now nearly in the same state as previous to the attack of fever her bodily health is good.

ST. BARTHOLOMEW'S HOSPITAL.

Alleged Fracture of the neck of the Thigh-bone within the Capsule, with subsequent bony union.

While the pupils were in the operating theatre on Saturday, (May 20,) waiting for the patient to be brought in, Mr. Earle stepped forward, holding in his hand a longitudinal section of the head of a thigh-bone. "I have here," said Mr. Earle, "the finest specimen of bony union within the capsule that I have ever seen, or I believe that has ever been met with; and as the particulars of the case are well known, it is an additional gratification to me to show it you; they are these: a gentleman of Leeds, 70 years of age, while walking along the pavement slipped off the curb-stone, and falling, fractured the neck of the thigh-bone; he was taken up and conveyed home, and the surgeon (Mr. Chorley we think Mr. Earle called him) adopted, after ascertaining the nature of the injury, a rather novel plan of treatment: he laid his patient on the opposite side to that of the fracture, and kept up extension by means of pullies, for about three weeks. This plan, however, did not succeed, as the limb was found, after all, to be shortened; the limb was then placed on a double inclined plane, and, after a few months, union was found to have taken place. It is now two years since the occurrence of the accident, and the other day the death of the old gentleman afforded an opportunity of examining the state of the parts. You see there has been an oblique fracture across the neck and a considerable depression of the head of the bone in consequence, so as to bring it in a line with the trochanter major; here is the ridge of bone to which the capsule is attached posteriorly, and here is the line of fracture clearly within this; a longitudinal section has been made of the head and neck, and here you see the blade of bone forming the line of union. Mr. Jackson of the Borough has been kind enough to bring it me, and from him I learnt these particulars."

Mr. Earle saw every part very distinctly, but we could not make our minds up so readily; in one half of the bone there is an evident fracture, but in the other portion, which Mr. Earle traces under the head of the bone, we think it is not so evident as he supposes. Mr. Lawrence, Mr. Stanley, and others, likewise doubt whether this is really the line of fracture or not; and the internal portion of the bone, if it was ever fractured, is so uniformly united, as to render it difficult to say where the fracture took place.

Two cases of Trismus and Opisthotonos.

Two cases of tetanus, arising from injuries to the lower extremities, have lately occurred at this Hospital. The following are the particulars of each:

Case. 1. —— Dangly, a man of rather spare habit, 36 years of age, was brought to the Hospital on the 10th of February, having received an extensive lacerated wound on the inner side, and rather towards the back part of the right knee. The accident was occasioned by the horses of a cart becoming restive, and in his endeavours to stop them, he was thrown down, when one of the wheels passed over his knee joint. Mr. Earle examined the wound, and found an ex-

tensive laceration of the soft parts, extending from the inner condyle in a slightly oblique direction, and the bone laid bare to the extent of two inches and a half. The popliteal artery, and the other vessels of the ham, were found to be torn from their connexions, and considerably displaced. On his admission, the wound bled freely from the saphena vein. The hæmorrhage was arrested by bringing the edges of the wound together by means of adhesive straps.

13. A bread and water poultice has been substituted for the adhesive straps. The wound looks healthy, and discharges good conditioned pus. The patient is harassed by a troublesome cough, which almost deprives him of rest. He is therefore ordered to take the following draught three times a day:

Almond mixture, one ounce and a half;
Compound tincture of camphor, half a drachm.

17. The wound discharges freely, and has a healthy aspect. The patient complains of a tightness of the chest, to which a blister is ordered to be applied.

20. Has passed a very restless and uneasy night, and felt sudden twitchings in the injured limb. At present (12 at noon), he is incapable of protruding his tongue, accompanied with a sense of constriction about the epigastrium, an incapacity to open his mouth as wide as usual, and a feeling of stiffness about the back part of his neck. His bowels, which have hitherto been pretty regular, have not acted since yesterday morning. Pulse 96, and wiry; countenance slightly flushed. He was directed to take five grains of calomel, with ten grains of jalap immediately, and to be repeated every six hours; and ten drops of laudanum, gradually increased at each dose, in the musk draught, every four hours.

Mr. Earle consulted with Mr. Lawrence, who happened to be at the Hospital, as to the propriety of amputating the limb. But they both concurred in thinking no benefit would be likely to accrue from such a proceeding. Mr. Lawrence observed that the symptoms at present certainly did not justify such a measure, and in a case which came under his care in the course of last summer, where the symptoms were much more severe than the present; the patient got completely well, by keeping the bowels freely open by croton oil, which remedy, or some other very active medicine, he should be inclined to recommend in the present instance.

21. (1 p. m.) the appearance of the wound to-day is much worse, and an incision was made through it, in order to lay the parts more freely open, and to allow of the freer discharge of matter. The constitutional symptoms are also worse; the man has passed a sleepless night, and his mouth has now become almost completely closed. The muscles in the other parts of his body, however, are not affected. The powders have been regularly given, but no effect has yet been produced. A purgative injection was therefore ordered by Mr. Earle to be immediately given, with another dose of the powder.

22. Last evening about six o'clock, the sister reports the man had a scanty evacuation of a dark colour, but the bowels have not acted since. The spasmodic twitchings have not been so frequent through the night. The surface of the wound has a flabby and unhealthy aspect, discharging foul ill-conditioned matter, of a strongly offensive odour. The mouth has become sore from the calomel which he has taken, and he was desired to wash his mouth with a lotion, to be injected between his teeth, by means of an elastic gum-bottle. Mr. Abernethy saw the patient to-day, and in giving an unfavourable prognosis, he strongly discommended the use of purgatives containing so much calomel. The tetanic symptoms are just the same. Discontinue the powder.

23. Through the night, house-medicine has been given him every two hours, and he has taken four doses in all; the bowels have only been relieved once sinc the evening of the 21st, which was this morning; the motion was very dark and liquid, and of an extremely offensive odour. The ptyalism occasioned by the calomel is very distressing to him, as he is obliged to be constantly raising himself in the bed to spit, and the greatest exertion and difficulty is attendant on it, as he can scarcely separate the teeth sufficiently to allow the saliva to flow. The discharge from the wound is very offensive, but less in quantity than yesterday. Mr. Earle directed a drop of the croton oil to be given on a little sugar immediately, with two drops of the hydrocyanic acid, and 10 drops of laudanum in the former vehicle every four hours, and the acid to be increased to four drops every six hours. A bread and water poultice is applied to the wound. The man complains of additional pain in the muscles of the neck, which are extremely rigid, and the contiguous parts have a full and distended appearance.

25. The night nurse reports that this morning early, without any particular change in his symptoms, excepting that

of his complaining of an increase of pain in his head, he became slightly convulsed and died.

We regret to add, that the friends came and removed the body before any examination could be made.

Case of severe Gonorrhœal Ophthalmia.

J. Ottaway, a husbandman, 37 years of age, of a robust habit of body, was sent from the Eye Infirmary, Moorfields, yesterday (May 17th) labouring under the effects of a severe attack of gonorrhœal ophthalmia. The man was exceedingly taciturn, and gave such a very unconnected history of the complaint, that it was with difficulty we gathered the following particulars from him:—About five weeks since his eyes became "sore," (a term which the vulgar apply to all affections of the eye,) feeling as if sand had got into them; that the pain grew excessive, and after passing a very restless night, the next morning (as some neighbours' told him it was a very efficacious remedy) he washed his eyes in his own urine.

Shortly after this application, the eyes became much more inflamed; his vision was almost gone, and he was in consequence prevented from pursuing his daily avocations, and kept his bed.

Mr. Lawrence said, there was no doubt that the affection was gonorrhœal ophthalmia; and then proceeded to question the man on the subject. He pretended not to know what such a complaint as a clap was, but on desiring him to show his penis, it was discovered that he had warts and a discharge from the urethra. The disease of the eyes might be considered to have run through its more acute stages. Both eyes are completely disorganised; with the exception of a slight portion of the cornea of the left one, which is in a state of ulceration. There is, besides, great tumefaction of the conjunctiva palpebrarum of both eyes, producing ectropium, or eversion of the lids; so that the orbits appear to be surrounded by large fleshy masses. On separating these, in order to examine the parts within, the only perceptible objects are large granulating bodies, having a red and uneven surface, occupying the original seat of vision. In fact, the corneæ after being violently inflamed have ulcerated, and subsequently sloughed. This process seems to have been arrested, and now florid granulations have succeeded, so that vision is irreparably lost. A most profuse discharge of purulent matter is secreted from both eyes. The man says that both eyes became bad about the same time.

Mr. Lawrence considered that the only thing to be done, would be to reduce the great tumefaction of the palpebral conjunctiva, and thus remove, as far as possible, the unsightly appearance which the parts now present. For this purpose, after administering a dose of calomel and jalap (4 grains and 12), a solution of alum (4 grains to an ounce of water) was ordered to be applied occasionally, and the following draught to be taken three times a-day, with 5 grains of Plummer's pill every night.

Sulphate of magnesia, 1 *drachm*;
Mint water, 1 *ounce*. *Milk diet*.

19. The excessive œdematous tumefaction is rather diminished. The man says he can barely distingnish light. Continue as before.

20. The discharge continues very abundant, but the conjunctival membranes do not present a particularly vascular condition. Mr. Lawrence directed two or three drops of the liquor plumbi subacetatis to be introduced between the lids twice or three times a-day, and the eyes to be bathed occasionally, in the intervals, with the alum solution.

23. The fleshy masses before alluded to are now greatly diminished, and thus far the patient may be said to be better. The discharge from the urethra is also less. Bowels regular.

30. Says he can perceive light a little better than when he first came to the Hospital; but on examining the organs of vision, no alteration is observable. Continue the medicines as before.

April 1. Has passed rather a restless night; complains of a shooting pain across his forehead; bowels open; tongue loaded; let him be cupped to 8 ounces from the back of the neck.

3. Felt relieved after the cupping, but the pain has now returned as bad as before; tongue slightly loaded; bowels open; pulse 90; repeat the cupping to ten ounces.

5. Much better; the pain in the head has now subsided; and he rests well at night. The discharge from the urethra has nearly stopped, and the warts have almost disappeared by the application of caustic.

The man went on favourably until the œdematous tumefaction of the internal lining of the lids had been in great measure reduced, and the ectropium removed; and as the reduction of these were the principal objects which Mr. Lawrence had in view in admitting the man into the Hospital, it was considered unnecessary to detain him any longer.